



Recognition of Prior Learning

Name: _____	Currently Residing in New Zealand Y/N
Organisation: _____	Currently Teaching Learn to Swim in New Zealand Y/N
Postal address: _____	Name of Swim School employed at: _____
Phone 1: _____	Access to Learn to Swim Lesson to be assessed upon Y/N
Phone 2: _____	
Email: _____	

Payment:	Account Details:
Cheque <input type="checkbox"/>	Swimming New Zealand Inc
Cash <input type="checkbox"/>	BNZ, Wellington
Direct Credit <input type="checkbox"/>	02-0500-0190410-00
	Tax invoice GST# 10-919-150

Existing Qualifications	Date Qualified	Copy attached tick



Existing Qualifications and other relevant information

Date Qualified

Copy
attached
tick

