



SWIM Aberdeenshire Application Form

*Essential information. Incomplete forms will not be accepted

Applicant's Details:

*Surname: _____ *Forename: _____

*Date of birth: _____ *Gender (M/F): _____

*Address: _____

_____ *Postcode: _____

*Phone No.: _____

Mobile No: _____

Email Address: _____

Entry date into Preschool (if under 5 yrs old): _____

Entry date into Primary 1 (if under 5 yrs old): _____

Parent/Carer Information:

Name & Relationship to Applicant: _____

Phone No: _____

***Medical / Additional Information:**

Please state for applicant _____

Emergency Contact:

*Surname: _____ Forename: _____

*Relationship to Applicant: _____

*Phone No: _____ Mobile No: _____

***Swimming Pool(s) Requested (please post to relevant pool):**

***Category of Lessons Required:**

Please write the level of the swimmer underneath:

Adult & Child Preschool Over 5's Lifesaving Adults

Category of Course Required (contact reception for information):

National Pool Lifeguard Qualification (16 yrs/over)

Level 1 Teaching Aquatics (16 yrs/over)

Other

Unsuitable Days:

Please notify any changes to the pool as soon as possible.

Please note that there may be a longer waiting time if certain days / times are specified.

Once received your details will be placed on the waiting list at the relevant pool(s) and you will be informed when a space becomes available. If any of the information you have provided changes, please inform the relevant pool.

 Data Protection 1998

The information which you provide on this form will be processed by Aberdeenshire Council, Woodhill House, Westburn Road, Aberdeen, AB16 5GB (*do not send forms to this address*).

This is the 'data controller' for purposes of the Data Protection Act 1998.

The personal data that you provide on this form will be used only for the purpose of entry into the SWIM Aberdeenshire Learn to Swim programme.

Aberdeenshire Council will not disclose the personal information that you provide to any outside person or organisation except where required to do so by law or with your own consent.

Office Use Only:

Time & Date application received: _____ Staff Initial: _____

Date application processed: _____ Staff Initial: _____

Date of entry into LTS scheme: _____ Staff Initial: _____