

**Pool Life Guard Course**  
**Expression of interest**

**Organisation Details**

Organisation Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Does the organisation hold public liability insurance? Yes/ No (please circle\*)

\*Please note: your organisation will be required to provide evidence of this

**Proposed Course Details**

Venue: \_\_\_\_\_

Venue Address: \_\_\_\_\_

Number of participants: \_\_\_\_\_

Proposed Day and Date: \_\_\_\_\_

Proposed Times: \_\_\_\_\_ (\*Please

note: standard delivery is 8 or 16 hours, depending on the course)

Full Qualification numbers: \_\_\_\_\_

Update numbers: \_\_\_\_\_

Please email this to [training@sportsa.org.au](mailto:training@sportsa.org.au) and the Training Manager will be in contact with you to confirm your expression of interest and give you a quote.