

**ASSISTANT APPLICATION FORM**

Types of assistance please circle areas of interest:

Swim Assist Pool Side Assist Social Event Assist

NAME: .........................................................................................................................................

ADDRESS: ...................................................................................................................................

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POST CODE: ......................................................

Telephone Number: **Home** ................................................ **Mobile** ...........................................

**Email:** ................................................................................................................................

Occupation: ............................................................ Date of birth: .....................................

In case of an emergency is there any medical information that the emergency services would need to be made aware of i.e. medical condition, prescribed medication. Please give details.

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Have you a current DBS check in place?

**Yes/No**

If yes, are you signed up for the update service and happy for Aquability to do a check on this?

**Yes/No**

If not, do you agree to a DBS check being carried out?

**Yes/No**

Membership: Should you wish to have a vote at the AGM and be advised of our social events there is a subscription of £10

As an Assistant of the above named Club I am aware of and agree to abide by all Club rules and policies.

Signed: ...................................................... Date: ..............................................