

Personal Information Form

You must complete this form and return to your tutor before the start of your course. *If you are under 18, this form should be completed by your responsible adult*

Learner details

Name:	Age:
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Medical Information

Have you been given any specific medical advice? If so, please give exact details
e.g. to refrain from strenuous exercise, heavy lifting, refrain from work for x days after the operation

Please list any medical conditions that we should be aware of or are receiving any regular medical treatment for? e.g. Epilepsy, Diabetes, Asthma, Heart condition, recent surgery and or any injuries

Do you have any known allergies?
Please give details of severity

Are you pregnant? Yes No
If yes, tutor to complete risk assessment

Do you consider that you have an impairment? Yes No
If yes, tutor to complete additional needs support form

If yes, what is the nature of your disability? (please give further details below)

Visual Impairment Learning Difficulty Hearing Impairment
 Physical Disability Multiple Disability Other (please specify)

Additional Information

You may be asked to participate in specific activities related to your learning programme. The following questions will provide your educator with information to tailor the programme to your individual needs

Teaching/Coaching Programmes

Please rate your level of water confidence: (1 - not confident, 2 – fairly confident, 3 – very confident)

1 2 3

Do you have any relevant teaching or coaching experience: (Please note - experience is not a requirement to attend a course)

Yes No

If yes, please give details:

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Blended Learning or Virtual Programmes

Please rate your level of confidence using technology: (1 - not confident, 2 – fairly confident, 3 – very confident)

1 2 3

Pool Plant Programmes

Please give information about any relevant plant room experience:

I understand that, in compliance with the Data Protection Act 2018, all efforts will be made to ensure that this information is accurate, kept up to date and secure and that it is used only in connection with the course. Information will not be kept once a person has completed their learning programme. The information will be disclosed and held by Key Contact at John Warner, the Educator and Swim England.

By signing this document you (the learner) are agreeing that you are fit & healthy to continue with your learning programme. You agree to take responsibility for any medical issues that may arise as a result of the medical information declared above.

Signed (Learner): _____ Date: _____

If you are under 18, this form must be signed by your responsible adult.

Please state your relationship to the learner here: _____