

# AUSTSWIM TEACHER LICENCE™ RENEWAL APPLICATION

## PERSONAL DETAILS

Title	First Name	Last Name	
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	AUSTSWIM No.	Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Postal Address			
Suburb	State	P/C	Country
Phone (home)*	Phone (work)*	Mobile*	
Email			

\*International applicants are required to include Country code

## CPR CERTIFICATE [Must be within the last 12 months at time of processing by AUSTSWIM ]

CPR Issued By (Organisation Name)	CPR Expiry Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
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## WORKING WITH CHILDREN CHECK (Note this is not required if you reside outside of Australia)

I have attached a current WWCC with this application form [Visit aifs.gov.au](http://aifs.gov.au) for further information and who to contact in your state or territory

## AUSTSWIM TEACHER DECLARATION [This section MUST be read and agreed to]

I [insert name here]

agree and abide to the AUSTSWIM Teacher™ Declaration and AUSTSWIM Code of Conduct viewed on [www.austswim.com.au](http://www.austswim.com.au)

I have read and agree to the above declaration Signed: \_\_\_\_\_ Date  /  /

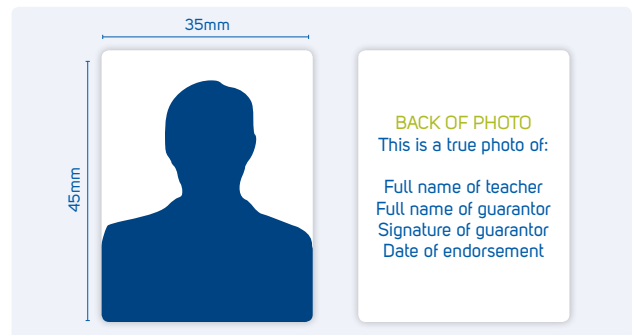
## YOUR PHOTO ID

Your photo is embedded in the AUSTSWIM Teacher Licence™ for visual identification. Once every 9 years you are requested to provide a new passport quality photo as part of licence renewal.

- › Photos must be current (taken during the past 6 months)
- › Photos must be certified by a guarantor, a person over 18 years; who has known you for at least one year and is not related or residing with you.

Please tick which is applicable:

- I have enclosed the certified photo (35mm)  
 A certified photo is not required at this time



## PROFESSIONAL DEVELOPMENT

List the details of Professional Development undertaken in previous 3 years (minimum 10 hours total). First Aid and CPR not included

DATE	TITLE	PROVIDER	HOURS
<b>TOTAL</b>			

## PRACTICAL TEACHING COMPETENCY

List the details of Practical Teaching Experience undertaken in previous 3 years (minimum 40 hours total). Columns marked with \* must be completed. In the event that you do not have a current supervisor please provide details of a referee who can verify your teaching experience.

VENUE*	SUPERVISOR'S NAME*	SUPERVISOR'S CONTACT NO.*	SUPERVISOR'S AUSTSWIM NO.	HOURS*

THE ABOVE MENTIONED SUPERVISOR/S HAS CONFIRMED I HAVE MET THE FOLLOWING TEACHING COMPETENCY, AND I AM AWARE THE SUPERVISOR MAY BE CONTACTED TO VALIDATE THIS. NOTE: AUSTSWIM WILL VERIFY THIS THROUGH AUDITS AND MAKE DIRECT CONTACT WITH THE SUPERVISOR.\* must be completed. **TOTAL** \_\_\_\_\_

PERSONAL ATTRIBUTES	TEACHING EFFECTIVENESS
1. Prepared, recorded and delivered an appropriate lesson for all participants	7. Implements the facilities safety rules and regulations effectively
2. Is appropriately attired and displays a professional image	8. Supervises students diligently
3. Prepared, organized and uses equipment appropriate to the lesson and the participants	9. Observes student performance and modifies lessons to cater for student needs
4. Demonstrates a positive attitude to teaching	10. Uses appropriate teaching strategies and techniques
5. Displays punctuality in following lesson times	11. Provides informative and appropriate technical feedback to students
6. Communicates effectively with students, parents and professional colleagues	12. Uses appropriate teaching strategies to maintain class control

# AUSTSWIM TEACHER LICENCE™ RENEWAL APPLICATION

## PAYMENT DETAILS PLEASE SELECT ONE METHOD OF PAYMENT ONLY – OPTION A OR OPTION B

### OPTION A – PAY IN FULL

- Standard fee AUD **\$255.00** (inc. GST) < 3 months expired
- Expired fee AUD **\$255.00** (inc GST) plus late fee  
(select from below)

If you are over 3 months expired you will be required to pay the applicable late fee in addition to the expired fee.  
Tick one of the following:

- Over 3 mth - 6mth = add \$20.00 (total AUD \$275.00)
- 7 mth - 12mth = add \$40.00 (total AUD \$295.00)
- 13 mth - 24mth = add \$60.00 (total AUD \$315.00)
- 25mth - 36mth = add \$80.00 (total AUD \$335.00)

#### PLEASE SELECT A PAYMENT METHOD –

Payable to **AUSTSWIM Ltd**  
ABN: **72 515 751 227**

- Cheque / Money Order Attached
- Purchase Order Attached
- Credit / Debit Card

#### CREDIT CARD DETAILS

Visa  Mastercard

Card Number:

Card Holder's Name:

Expiry Date:  /

Insert CVV Number on Card:

(if submitting form online via email)

Signature: (sign if you are printing form to submit)

#### WHAT'S MY NEW LICENCE EXPIRY DATE?

- Paid standard fee: 3yrs from current expiry date
- Paid expired fee: 3yrs from date AUSTSWIM processed

### EMAIL APPLICATION

SIMPLY CLICK THE SUBMIT FORM BUTTON BELOW.  
THIS WILL EMAIL THE FORM DIRECTLY TO AUSTSWIM.  
IF AN EMAIL DOES NOT OPEN WHEN YOU CLICK 'SUBMIT FORM',  
SAVE THE FORM AND EMAIL THE FORM TO  
[renewal@austswim.com.au](mailto:renewal@austswim.com.au)

**SUBMIT FORM**

### OPTION B – PAYMENT PLAN

WHEN SELECTING THIS OPTION YOU MUST PRINT AND SIGN THE FORM AND THEN POST, SCAN OR EMAIL TO AUSTSWIM [DETAILS BELOW].

#### PLEASE CHOOSE PAYMENT PLAN OPTION –

1. Standard – Upfront payment of AUD \$81.00 then \$7.25 per week x24 weeks
2. Expired – Upfront payment of (select one below):
- 3mth - 6 mth AUD \$101.00 then \$7.25p/week x24 weeks
- 7mth - 12 mth AUD \$121.00 then \$7.25p/week x24 weeks
- 13mth - 24 mth AUD \$141.00 then \$7.25p/week x24 weeks
- 25mth - 36 mth AUD \$161.00 then \$7.25p/week x24 weeks

PLEASE INDICATE WHAT DAY OF THE WEEK YOU WOULD LIKE THE PAYMENT TO BE DEDUCTED -

Mon  Tue  Wed  Thu  Fri  Sat  Sun

TOGETHER WITH DEBIT SUCCESS, AUSTSWIM OFFERS AN EASY PAYMENT PLAN OPTION: \$10 establishment fee to Debit Success / 3.3% per payment transaction fee / Defaulting on any payment cancels AUSTSWIM Licence™ [T&C's can be found on [www.austswim.com.au](http://www.austswim.com.au)]

PLEASE SELECT A PAYMENT METHOD  Bank Acc  Credit Card

#### BANK ACCOUNT DETAILS

BSB Number:

Account Number:

Name of Account:

#### CREDIT CARD DETAILS

Visa  Mastercard

Card Number:

Card Holder's Name:

Expiry Date:  /

Insert CVV Number on Card:

(if submitting form online via email)

Signature:

I/We authorise Debitsuccess Pty Ltd, CAN 095551, APCA user ID number 184534 to debit my/our account at the Financial Institution identified through the Bulk Electronic Clearing System (BECS). This authorisation is to remain in force in accordance with the Debitsuccess terms and conditions and I/we have read and agree to be bound by these said terms and conditions. The issuer of the billing service is Debitsuccess Pty Ltd (ABN 32 095 551 581). Debitsuccess is an Authorised Representative (AR 407894) of Transaction Services Holdings Limited (AFSL 338256).

Customer Name:

Signature:

Date:  /  /

### TO POST OR FAX APPLICATION

SAVE, PRINT AND POST THE COMPLETED FORM WITH A PHOTO WHERE REQUIRED TO AUSTSWIM HEAD OFFICE (SEE DETAILS BELOW).