



Candidate Application Form - Lifeguard

QP-12/F-05

Instructions: it is a requirement that each person wanting to be certified as a Lifeguard must complete & sign this form, including candidates wishing to retake the examination, with the following documents attached:

1. Passport copy with residence visa page/EID/ Labour Card
2. Coloured photograph (35mm x 45mm) not older than 6 months and not digital
3. Proof of training (if relevant), and
4. Evidence of work experience

Please complete this form in **BLOCK CAPITALS**

HOW HSS USE YOUR DATA

By completing this form, you agree to HSS processing and storing your personal data for the purpose of fulfilling our contract to provide you with your award or qualification. (To do this we register your details with Dubai Municipality as part of the Lifeguard Scheme requirements), Outside of this requirement we promise your personal data will only be used by HSS. We will keep your data safe and will never share it with others.

1. Candidate Details

First Name:		Family Name:	
Date of Birth:		Telephone:	
Email:			
Emergency Contact Details			
Name:		Telephone:	

2. Course Type (Please check) ✓

Shallow Water Lifeguard <input type="checkbox"/>	Pool Lifeguard <input type="checkbox"/>	Beach Lifeguard <input type="checkbox"/>
Pool Lifeguard Instructor <input type="checkbox"/>	Beach Lifeguard Instructor <input type="checkbox"/>	Recertification <input type="checkbox"/>

3. Candidate Pre-Requisites (By checking the relevant box, you confirm that you are capable of achieving the required standard) ✓

		Candidate	HSS Assessor
Shallow	1. Be at least 16 years of age	<input type="checkbox"/>	<input type="checkbox"/>
	2. Swim continuously in a comfortable manner for 50m non-stop in water under 1.5m	<input type="checkbox"/>	<input type="checkbox"/>
	3. Perform a surface dive & recover a 4.5kg weight at a depth of 1.5m	<input type="checkbox"/>	<input type="checkbox"/>
Pool	1. Be at least 16 years of age	<input type="checkbox"/>	<input type="checkbox"/>
	2. Swim continuously in a comfortable manner for 100m non-stop in water under 1.5m	<input type="checkbox"/>	<input type="checkbox"/>
	3. Perform a surface dive & recover a 4.5kg weight at a depth of 1.5m	<input type="checkbox"/>	<input type="checkbox"/>
	4. Tread water for at least 5 minutes	<input type="checkbox"/>	<input type="checkbox"/>
Beach	1. Be at least 16 years of age	<input type="checkbox"/>	<input type="checkbox"/>
	2. Swim continuously in a comfortable manner for 200m non-stop in water over 1.5m	<input type="checkbox"/>	<input type="checkbox"/>
	3. Perform a surface dive & recover a 4.5kg weight at a depth of 3.0m	<input type="checkbox"/>	<input type="checkbox"/>
	4. Tread water for at least 10 minutes	<input type="checkbox"/>	<input type="checkbox"/>

4. Course Declaration

- a) I declare that I will continue to meet the physical requirements of the DM Lifeguard Scheme throughout the certification period.
- b) I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification.

Candidate Signature		Date:	
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5. Physical Activity Readiness Questionnaire

Being a Lifeguard is a physically demanding job that requires a high level of aquatic & land based physical fitness. Being very active is very safe for most people, however some people should consult with their doctor before they start becoming more physically active.

By answering these simple questions below, the PAR-Q (Physical Activity Readiness Questionnaire) will tell you if you need to consult a doctor before starting a lifeguard training course.

Common sense is your best guide when answering these questions. Please read each question carefully and answer each one honestly.

YES	NO	✓
<input type="checkbox"/>	<input type="checkbox"/>	1. Has a doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor?
<input type="checkbox"/>	<input type="checkbox"/>	2. Do you feel pain in your chest when you do physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	3. In the past month, have you had chest pain when not doing physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	4. Do you lose balance due to dizziness or do you ever lose consciousness?
<input type="checkbox"/>	<input type="checkbox"/>	5. Do you have a bone or joint problem that could be made worse by a change in physical activity?
<input type="checkbox"/>	<input type="checkbox"/>	6. Is your doctor currently prescribing drugs (for example water pills) for your blood pressure or heart?
<input type="checkbox"/>	<input type="checkbox"/>	7. Are you or could you be pregnant?
<input type="checkbox"/>	<input type="checkbox"/>	8. Do you suffer from asthma or epilepsy that requires prescribed medication?
<input type="checkbox"/>	<input type="checkbox"/>	9. Do you know of any other reason why you should not do physical activity?

If you answered



YES to one or more questions

Talk to a doctor by phone or in person before starting a lifeguard training course. Tell the doctor about this PAR-Q and the questions you answered YES to.

If you answered YES to one or more questions, for your own safety & the safety of other candidates, HSS Health & Safety Solutions require that you obtain a written doctor's consent prior to the beginning of training.

If you answered



NO to all questions

If you answered NO honestly to all questions you can be reasonable sure that you can start to become more physically active.

Still delay taking part in the course IF you have a temporary illness such as a cold or fever. If your health changes during the course itself so that you would answer YES to any of the questions please tell the course Instructor immediately.

6. Informed use of the PAR-Q:

HSS Health & Safety Solutions and their agents assume no responsibility for persons who undertake physical activity during Lifeguard training and if in doubt after completing the questionnaire you should consult with a Doctor prior to starting.

I have read, understood & completed the questionnaire, any questions I had were answered to my full satisfaction

First Name

Family Name:

Signature

Date:

OFFICE USE ONLY

Company/ Client Name:

Venue:

Training Dates:

Assessment Date:

Documents Reviewed & Received:

Pre-Requisites complete:

Payment Complete:

Booking Manager Name:

Signature:

Date:



7. Course Information- For the Candidate

1. In order for you to gain the certification you must;
 - ✓ Pass all physical pre-requisites of the course
 - ✓ Have 100% attendance at all training sessions
 - ✓ Achieve a minimum score of 80% in the written exam
 - ✓ Achieve a level of competence in the 11 CAPs (Competency Assessment Performance)
2. The standard course format is 4 days. Days 1-3 are training days and the 4th day is the assessment day
3. We do not routinely schedule make up classes. If a class is missed, you must enrol in another course and take the entire course over again. A fee may be required to re-take or reschedule a course (dependent upon the situation).
4. If you cannot complete the prerequisites for the course, you will be entitled to a 50% refund.
5. Items to bring with you for each of the 3 training days AND the assessment day include:
 - ✓ Towel
 - ✓ Swim wear
 - ✓ Whistle
 - ✓ Drinking water
 - ✓ Packed lunch (unless otherwise informed)
 - ✓ Sun protection

8. Course Declaration

- I declare that I will continue to meet the physical requirements of the DM Lifeguard Scheme throughout the certification period.
- I declare that all of the information I have provided on this enrolment form is true and accurate. I understand that if I have failed to declare any specialist learning requirements at this stage, this may impact my ability to successfully pass the assessment and gain the qualification.
- I confirm to the best of my knowledge that the given information and data are correct and valid.
- I confirm to the best of my knowledge that the provided document is a copy of the original document and correct.
- I confirm to the best of my knowledge that the given data of my physical ability and medical condition is correct and accurate.
- I understand and agree to adhere to HSS & Dubai Municipality requirement of the certificate as per the Emirates International Accreditation Centre (EIAC)
- I understand and agree to adhere to HSS code of conduct, code of ethics policy and procedures.
- I confirm that I will respect and comply with HSS use of logo and the lifeguard scheme.
- I confirm that I will keep all HSS examination material and process confidential from any practice.

Candidate Signature:

Date: