

Swimmer information

(to be completed by the swimmer or their representative)

Online version available - [click here](#)

| | | | |
|--|--|-------------------------------|--|
| Surname | <input type="text" value="insert here"/> | | |
| Given name/s | <input type="text" value="insert here"/> | | |
| Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Ethnicity <input type="text" value="insert here"/> |
| Date of birth (DD/MM/YY) | <input type="text" value="insert here"/> | | |
| Address | <input type="text" value="insert here"/> | Email | <input type="text" value="insert here"/> |
| | | Phone | <input type="text" value="insert here"/> |
| Nature of impairment/ disability? | <input type="text" value="insert here"/> | | |
| Parent or guardian's name | <input type="text" value="insert here"/> | | |
| Applicant's relationship to swimmer? | <input type="text" value="insert here"/> | | |
| What are you hoping to achieve through swimming/time in the water? | | | |
| <input type="text" value="insert here"/> | | | |
| How many times do you swim per week? | | | |
| <input type="text" value="insert here"/> | | | |
| Do you train with a coach or club? If so, who? If not, do you want to? | | | |
| <input type="text" value="insert here"/> | | | |
| Do you compete or train in any other sport/s? If so, what sport/s? | | | |
| <input type="text" value="insert here"/> | | | |

Application information

(and supporting documents)

Swim school provider name

insert here

Swim teacher name

insert here

Session setting and number of sessions
(large group, small group, private)

insert here

Have you applied to SNZ before?

Yes

No

Total cost

insert here

Quote attached?

Yes

No

Is a personal contribution possible?

Yes

No

Is this application for equipment?

Yes

No

What is the equipment and what is the
intended use?

insert here

Cost of equipment

insert here

Quote attached?

Yes

No

Have you already purchased the
equipment?

Yes

No