



This form may be photocopied or can be downloaded from www.lifesaversdirect.co.uk/documents

ROOKIE INSTRUCTORS

Lead Instructor/Organiser

* Name: _____ * Society Number:

* Phone: _____ Email: _____

Supporting Instructors

Name: _____ Society Number:

Name: _____ Society Number:

Name: _____ Society Number:

Name: _____ Society Number:

Name: _____ Society Number:

VENUE INFORMATION

Club Name (if applicable): _____ Club Number (if applicable):

Club web link: www. _____

* Venue Name: _____ Venue (ATC) Number (if applicable):

Venue web link: www. _____

* Venue address: _____

_____ *Postcode: _____ *Phone: _____

ROOKIE ACTIVITY INFORMATION

Dates (if exact dates are not known or the activity will be ongoing only a start month and year is required)

Start: Day * Month * Year End: Day * Month * Year

*** Type of Rookie Activity**

- Fixed term course
- Bolt on units
- Ongoing courses
- Using elements of Rookie Lifeguard within another course
- Rookie Festival

*** Level of Activity**

- Bronze
- Silver
- Gold
- Speciality bolt-on units
- Achievement awards
- All Rookie elements

I would like this Rookie Activity advertised by RLSS UK * Compulsory fields