

Swim Teacher NZRRP Re-registration Form



Complete this form to re-register on the New Zealand Register of Recreation Professionals (NZRRP).

The applicant is responsible for completing Section 1, attaching the required evidence, and finding an appropriate person to complete the attestation in Section 2. Once completed, please scan or send this form and a copy of your evidence to Skills Active.
Email: activecv@skillsactive.org.nz, or post: Skills Active, PO Box 2183, Wellington 6140.

A re-registration fee of \$28.75 must be paid to Skills Active before NZRRP is updated.

1. Applicant to complete this section

A. Applicant details

First names

Last name

Date of birth

National Student Number
(if known)

Email address

Daytime phone

Mobile phone

B. Qualification

Please tick the qualification you currently hold

- National Certificate in Recreation and Sport (Aquatics) - Swim Education (Level 3)
- New Zealand Certificate in Aquatics (Swim and Water Safety Teacher) Level 3

C. Professional development

List and **attach** evidence of a minimum of **10 hours** of professional development in previous 3 years.
You can upload these details into an Active CV logbook (www.activecv.org.nz) or create your own logbook and attach a copy of that.

Date	PD Activity/Event	Comments	Hours
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D. Instruction experience

List and **attach** evidence of a minimum of **40 hours** of paid or voluntary work experience as a swim instructor in previous 3 years.
You can upload these details into an Active CV logbook or create your own logbook and attach a copy.

Date	Work Experience	Role	Comments	Hours

E. First Aid

List and attach a copy of your **current** First Aid Certificate.

Certificate name

Expiry date

F. Applicant declaration

In signing this form I agree:

- to work to the *Code of Ethical Practice for Recreation Professionals* (available on www.activecv.co.nz); and
- that I have disclosed to my employer any history of fraud, dishonesty or criminal activity that would cause doubt over my fitness or ability to act in this role; and
- I have the literacy and numeracy skills to allow me to fulfil this role; and
- I am legally able to work in New Zealand.
- By signing here you acknowledge that the information supplied is correct to the best of your knowledge. You have read and agree to the terms and responsibilities listed, and to the terms and conditions of trade, available on the Skills Active website.

Applicant signature

Date

2. Attestor to complete this section

This attestation may be completed by an Employer, Supervisor or Skills Active Swim Education Assessor.

Guidance for Attestors

A person seeking or holding the status of a Registered Recreation Professional on NZRRP must be, and remain during the period of registration, a **fit and proper person**.

To maintain this standard Skills Active requires each Registered Individual to:

- Be ethical and behave in an appropriate way, and
- Be mindful of their influence on safety, and
- Not bring Skills Active or the standards it administers into disrepute, and
- Be able to read, understand and query technical information related to the role they are appointed to, and
- Be legally permitted to work in New Zealand.

Attestation

I attest that the Qualification holder named above:

- Has attached evidence that meets the re-registration requirements
- Is current in knowledge, skills and experience
- Is a fit and proper person (see definition above)
- Has been police vetted within last 12 months.

Attestor Name

Attestor Signature

Position

Phone

Email

Re-registration date

3. Payment Options

Re-registrations can be paid for by cheque, credit card or direct credit.

Please note: NZRRP will not be updated until payment has cleared.

Cheque - please make out to Skills Active Aotearoa Limited

Charge credit card – please contact Skillsactive finance on 0508 4 SKILLS (475 4557)

Invoice workplace

Workplace details

Signature

Final check

Have you:

Completed section 1?

Attached the required evidence?

Got your Attestor to complete section 2?

Office use only

<input type="checkbox"/>	Accuracy and signatures checked
<input type="checkbox"/>	Payment option selected

Notes:

NZSCTA Check

<input type="checkbox"/>	PD and work experience checked
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Name

Signature

Date

Comments: