

Swim Teacher NZRRP

Re-registration form



TE
MAHI
AKO



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

Once completed, please scan or send this form to Te Mahi Ako.

Email: info@temahiako.org.nz, or post: Te Mahi Ako, PO Box 2183, Wellington 6140.

A re-registration fee applies. Please refer to the current [Fees List](#) on the Te Mahi Ako website.

1. Applicant to complete this section

A. Applicant details

First names	<input type="text"/>	Last name	<input type="text"/>
Date of birth	<input type="text"/>	National Student Number (if known)	<input type="text"/>
Email address	<input type="text"/>		
Workplace	<input type="text"/>	Phone	<input type="text"/>

B. Qualification

Please tick the qualification you currently hold

☐ 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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. First Aid

First Aid certificate 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 Te Mahi Ako website.

Applicant signature

Date

2. Attestor to complete this section

This attestation may be completed by an employer, supervisor or Te Mahi Ako swim teacher 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 Te Mahi Ako requires each registered individual to:

- Be ethical and behave in an appropriate way, and
- Be mindful of their influence on safety, and
- Not bring Te Mahi Ako 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 met 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 credit card or direct credit.

Purchase order number

☐

Invoice workplace

Final check

☐

Trainee completed section 1

☐

Swim teacher assessor completed section 2

☐

Attestor completed section 3

Office use only

☐	Accuracy and signatures checked
☐	Payment option selected
☐	DC to check assessor has swim teacher scope

Notes: