

Membership no.....

Learner's surname.....



New starter form



Thank you for choosing to learn to swim with us.

The information you provide to us will be held electronically by Durham County Council for the purpose of registration, identification and contact regarding your membership/activity. We would like to keep you informed about our leisure services and products. If you **do not** want to be contacted tick this box .

Customer to complete:

Learner's name **D/O/B**

Email **Phone no.**

Address

Emergency contact Name: Number:

Important: Please write any information the swimming teacher needs to know, health related or otherwise, in the 'important information' box at the bottom of this form.

Reception to complete:

Tick when each task completed

- | | |
|--|--------------------------|
| 1. Check space available in appropriate lesson | <input type="checkbox"/> |
| 2. Enter/check learner's details on leisure management system | <input type="checkbox"/> |
| 3. Write learner's membership number in corner of this form | <input type="checkbox"/> |
| 4. Apply LTS subscription/membership to learner's account | <input type="checkbox"/> |
| 5. Issue card and take payment | <input type="checkbox"/> |
| 6. Book learner into appropriate lesson: Time [] Day [] Level [] | <input type="checkbox"/> |
| 7. Confirm time and day with customer to double check all is accurate | <input type="checkbox"/> |
| 8. Complete slip below and put into relevant teacher's register | <input type="checkbox"/> |
| 9. Welcome letter/pack given to customer | <input type="checkbox"/> |
| 10. File this form in LTS new starter file by surname | <input type="checkbox"/> |

Receptionist signature Date



FAO swimming teacher – New starter

Name **D/O/B**

Lesson **Time** **Day**

Important information:

