CITY OF GOSNELLS

LeisureWorld more than a pool ...

Swim School Medical Credit Request

Parent Full Name: _____

Address: _____

Phone Number: _____

Student Full Name: _____

Date of missed lesson(s) _____

(max 2 credits available per claim)

Privacy Collection Notice

Personal information is collected by the City of Gosnells to support the delivery of services to the community. Information is handled in accordance with the *PRIS Act 2024* and our Privacy Policy. Where necessary, information may be shared internally or with other agencies. See our Privacy Policy for more detail, City of Gosnells Privacy Information. To access or amend your personal information please contact the Privacy Officer by email info@gosnells.wa.gov.au or by telephone 08 9397 3000.

Swim School Terms & Conditions

- I understand credits are only available for unforeseen medical conditions and are limited to a maximum of **2 credits per claim** – max 8 credits per year per student.
- All claims require supporting medical certificates to be attached. Medical certificates will need to relate to the member enrolled and cover appropriate date period.
- Leisure World Swim School recommends cancelling out of lessons for foreseen prolonged absences.
- Credits can be emailed to swimschool@gosnells.wa.gov.au
- Kidsport medical credits will receive max 2 extra consecutive lessons per booking (not transferrable)

Parent Signature: _____

Date Signed: ____ /____ /_____

Office Use Only

Received Date		CSO	
Processed Date		SS Staff	
Credit Amount		ECM	