



# INTERNATIONAL LIFE SAVING FEDERATION

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CAN-20-

## REQUEST FORM FOR AN INTERNATIONAL CERTIFICATE

ORGANISATION: **LIFESAVING SOCIETY – SOCIÉTÉ DE SAUVTAGE**

The above mentioned organisation confirms that the following individual has fulfilled all conditions set forward by ILS to obtain the requested International Certificate:

Add a good quality photo:  
• Attach here  
• OR, provided separate in jpeg or similar format at 300 dpi resolution

Please complete in BLOCK capitals:

Surname: \_\_\_\_\_

Forename(s): \_\_\_\_\_

Date of birth (DD/MM/YYYY): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Place of birth: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City and Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please cross the appropriate cell (X)

I request the following certificate(s)	Basic (Certificate + ID Card)	Complete (Basic + Badge + Pin)
ILS Pool Lifeguard		
ILS Inland Open Water Lifeguard		
ILS Beach/Surf Lifeguard		

### Privacy and Data Protection

I understand and agree that the information I have provided is necessary for the legitimate interests of the International Life Saving Federation (ILS) and its management and administration. The collected information is subject to the ILS Privacy Policy available on the ILS website at <https://www.ilsf.org/about/policies/> which I have read. I understand that the ILS will not share my personal data with other organisations for any other purpose than that for which the data was collected, including to verify eligibility, to communicate with and to inform about the activities of the organisation and in connection with the administration of its events and that the ILS Privacy Policy sets out my rights, including the right to withdraw my consent, in connection with the use of my personal data.

Name and Function in the Federation

Date

Seal of Federation

Signature