#### **BERKSHIRE & SOUTH BUCKINGHAMSHIRE ASA** COUNTY BURSARIES SCHEME **APPLICATION FORM 2017/2018**



## **SECTION A**

|   |                      | u clearly and legibly i  |                        |  |  |
|---|----------------------|--------------------------|------------------------|--|--|
| Title                                     | Forename             |                          | Surname                |  |  |
|   |                      |                          |                        |  |  |
| Data of hirth                             |                      |                          |                        |  |  |
| Date of birth                             | ASA Registration No. |                          |                        |  |  |
|   |                      |                          |                        |  |  |
| Home Address                              | ddress               |                          | Telephone number Home: |  |  |
|   |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
|   |                      | Other Contact number(s): |                        |  |  |
| Postcode                                  |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
| Name of Swimming Club                     |                      | Email:                   |                        |  |  |
|   |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
| Occupation:                               |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
| Please state if you are a student: YES NO |                      |                          |                        |  |  |
|   |                      |                          |                        |  |  |
| DBS Number and Date:                      |                      |                          |                        |  |  |

PERSONAL DETAILS – to be completed clearly and legibly by applicant

CURRENT SWIMMING COACHING QUALIFICATIONS - to be completed by applicant

| Please tick / highlight all that apply  |  |  |
|---|--|--|
| UKCC/ASA Level 1 Coaching Swimming  | UKCC/ASA Level 1 Coaching Diving               |  |
| UKCC/ASA Level 1 Coaching Synchro   | UKCC/ASA Level 1 Coaching Water Polo           |  |
| UKCC/ASA Level 1 Teaching Aquatics  | UKCC/ASA Level 1 Swimming Assistant (Teaching) |  |
| UKCC/ASA Level 2 Coaching Swimming  | UKCC/ASA Level 2 Coaching Diving               |  |
| UKCC/ASA Level 2 Coaching Synchro   | UKCC/ASA Level 2 Coaching Water Polo           |  |
| UKCC/ASA Level 2 Teaching Aquatics  | UKCC/ASA Level 2 Swimming Assistant (Teaching) |  |
| UKCC/ASA Level 3 Coaching Swimming  | UKCC/ASA Level 3 Coaching Diving               |  |
| UKCC/ASA Level 3 Coaching Synchro   | UKCC/ASA Level 3 Coaching Water Polo           |  |
| ASA Level 1 Assistant Teacher<br>ASA Level 2 Teacher (Units 1-3)<br>ASA Level 2 Teacher (Units 1-4) | ASA Club Coach<br>ASA Coach                    |  |
| Qualifications achieved prior to 1994, Please state;  |  |  |

#### BERKSHIRE & SOUTH BUCKINGHAMSHIRE ASA COUNTY BURSARIES SCHEME APPLICATION FORM 2017/2018



| PURPOSE OF BURSARY – to be completed by applicant: Details of the course you wish to attend: |  |                |  |  |
|--|--|----------------|--|--|
| Title of Course  | Please tick / highlight as appropriate   |                |  |  |
|  | ASA Level 1 Swimming Coaching ASA Level 1 Coaching Diving<br>ASA Level 1 Synchro Coaching ASA Level 1 Water Polo Coaching<br>ASA Level 1 Swimming Assistant (Teaching) (only available for clubs with a teaching<br>programme) |                |  |  |
|  | ASA Level 2 Swimming Coa<br>ASA Level 2 Synchro Coach<br>ASA Level 2 Swimming <i>Tea</i> r   | ing ASA Lev    | vel 2 Diving Coaching<br>vel 2 Water Polo Coaching<br>for clubs with a teaching programme) |  |
|  | ASA Level 3 Coaching Swimming<br>ASA Level 3 Coaching Synchro<br>ASA Tutor Training Programme<br>ASA Tutor Training Programme  |                |  |  |
| Course Date  | Start:   |                | Finish:  |  |
| Course<br>Provider   | loS  | Other ASA Appr | oved Centre (detail)   |  |
| Venue  |  | L              |  |  |
| Cost of course   |  |                |  |  |
| Is this a closed<br>or 'club offer'<br>course? (IoS<br>only)                                 |  |                |  |  |

## **Data Protection Statement:**

The ASA/British Swimming will use your personal data for the purpose of your involvement in the Berkshire & South Buckinghamshire continuous professional development Scheme and I understand that by submitting this form, I am consenting to receiving information about continuous professional development programmes by post, email, SMS/MMS, online or phone unless stated otherwise.

Signed:

Date:

Date:

If you are under 18, your parent / guardian must countersign below:

## Signed (parent/guardian):

#### BERKSHIRE & SOUTH BUCKINGHAMSHIRE ASA COUNTY BURSARIES SCHEME APPLICATION FORM 2017/2018



# **SECTION B** – to be completed clearly and legibly by club chairman Name of Swimming Club

| Name of Chairman   |  |  |
|--|--|--|
| Email:   |  |  |
| Contact Address:   | Telephone Number (home):                       |  |
| Post Code:   | Other Contact number:                          |  |
| Diagon give details of any applications the slub ( is  | dividual has made to other funding sources for |  |
| Please give details of any applications the club / individual has made to other funding sources for example Local Authority or County Sports Partnership (Please attach extra relevant correspondence, <i>i.e.</i> letters, emails <i>etc.</i> ) |  |  |
|  |  |  |
|  |  |  |
| Usually the bursary is paid to the applicant – if this is different (e.g. club funded) please state to whom the award should be directed.  |  |  |
| Has your club gained Swim21 Accreditation?<br>Yes □  | No 🗆   |  |

To the best of my knowledge, the details in sections A & B are correct.

Yes 🗆

No 🗆

| I (name):   | Chairman of (club): |
|---|---------------------|
| Hereby support the application of:  | Signed:             |
| I certify that that person is not receiving support<br>from ASA South East Region for this course, and,<br>if appropriate, I confirm that the Club has<br>exhausted available bursaries from ASA South<br>East Region for this year | Dated:              |

Check list of supporting documents: Level 3 applications – ASA approval letter