

# UKCC Course Application Form

For courses leading to an asa/UKCC Qualification

**Please complete in BLOCK CAPITALS and return with payment to:  
 Katrina Murphy, IoS, 35 Granby Street, Loughborough, Leicestershire LE11 3DU**

Full Name Mr / Mrs / Miss / Ms \_\_\_\_\_

Maiden Name / Previous Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age at course start \_\_\_\_\_ IoS Number (if applicable) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Mobile / Work Tel \_\_\_\_\_

Emergency Contact & Tel \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Email Address \_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Please tick or complete as appropriate:

Male  Female  Ethnicity Code  Disability Code

Course Venue \_\_\_\_\_

Course Start Date \_\_\_\_\_

Course Title and Level:

Coaching Diving  Coaching Swimming  Coaching Synchronised Swimming

Coaching Water Polo  Teaching Aquatics

LEVEL 1  Unit 1  Unit 2  Units 1 & 2

LEVEL 2  Units 1 - 3  Units 4 - 6  Units 1 - 6

**This section must be completed for all Level 1 registrations, whereby the Awarding Body has granted exemption from Unit 1, and all Level 2 registrations. Please list the pre-requisites you hold. If this application is for Level 1 Unit 2 only please state below the date and venue of your Unit 1 course. Please note failure to complete this section will result in this form being returned unprocessed**

Qualification Title	Date Achieved	Certificate No (if applicable)

If you are attached to a Swim 21 Club please put the name here \_\_\_\_\_

**Special Requirements: It is important to disclose any health/medical or learning needs on application for the consideration of reasonable adjustments. Please note that a written statement or evidence will be required. Failure to provide this information may impair the ability of the IoS to provide support.**

Where did you find out about this course? (tick as appropriate)

Swimming Times Magazine  British Swimming Website  Regional Office  Other \_\_\_\_\_



**Candidate Cancellation Policy**

Please note the following cancellation policy applies should you cancel your place on this course:

- cancelled less than 28 days prior to the start of the course – a full refund will be issued minus a £25 administration fee
- cancelled less than 7 days prior to the start of the course – no refund will be given except in the event of illness / injury (for which a Doctor’s note must be provided) or exceptional circumstances

**Please note** that this course may be cancelled if there are insufficient enrolments. In the event of cancellation a full refund will be issued.

I agree to abide by the General Rules and Conditions for the use of the venue.

I understand that I take part at my own risk.

This booking is non transferable.

The IoS reserve the right to amend the timetable to suit the needs of the course.

Data Protection Act (DPA) – The IoS (Institute of Swimming) will process your data and hold it data securely in accordance with the DPA. Data will be used to administer you as a candidate. I understand that by submitting this form I am consenting to receiving literature from the IOS about future courses by post and/or email, unless I tell you otherwise.

I agree to give my consent for an asa photographer to take photographs of the person named above for marketing purposes:

- No thank you, I do not want the IoS to send me literature on future courses [ ] Yes  No

Some venues require candidates to hold a valid Criminal Record Bureau (CRB certificate), please indicate here if you hold one YES /NO If you stated ‘yes’ please could you confirm when you obtained it? ..... Please note the IoS may be in contact with you if a copy is needed.

**Payment Method**

Cheque enclosed for: £ \_\_\_\_\_

Cheques should be made payable to **Institute of Swimming**

Cheques should not be post dated and a cheque card guarantee number, issue number, expiry date and full address should be written on the reverse of the cheque. Please do not send cash in the post.

Applications will only be accepted with correct payment by cheque and will be on a ‘first come first served’ basis.

I understand that the Institute of Swimming it’s agents & employees are not under any liability whatsoever in respect of personal injury, loss or damage, whilst attending this centre.

Print Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (for candidates under 18 years of age) \_\_\_\_\_

Club (if attached) \_\_\_\_\_

<b>OFFICE USE ONLY</b>			
Total Fee Received		Date Received	
Method of Payment		Cheque Number	
Date Confirmation Sent			