

London Swimming Bursary Form

Section One

Personal Details – to be completed by the applicant

Title		Forename		Surname	
Date of Birth		ASA Registration No.			
Home Address		Telephone Number Home			
Post Code		Mobile (Other Contact Number)			
Name of Club		Email			
Occupation					
Please state if you are a student					
DBS Number & Date					

Bank Details – to be completed by the applicant - only if funds being paid direct (not required if accessing voucher scheme)

Name of Bank		Name of Account Holder	
Sort Code		Account Number	

Current Aquatic Coaching Qualifications Held (All Disciplines) – to be completed by the applicant

<i>Please tick/highlight all that apply</i>			
UKCC/ASA Level 1 Coaching Swimming		UKCC/ASA Level 1 Coaching Diving	
Swim England Swimming Assistant (Coaching)		UKCC/ASA Level 1 Coaching Synchro	
		UKCC/ASA Level 1 Coaching Water Polo	
UKCC/ASA Level 2 Coaching Swimming		UKCC/ASA Level 2 Coaching Diving	
Swim England Swimming Coach		UKCC/ASA Level 2 Coaching Synchro	
		UKCC/ASA Level 2 Coaching Water Polo	
		ASA Level 2 British Open Water Swimming	
UKCC/ASA Level 3 Coaching		UKCC/ASA Level 3 Coaching Diving	
Swim England Senior Swimming Coach		UKCC/ASA Level 3 Coaching Synchro	
		UKCC/ASA Level 3 Coaching Water Polo	
ASA Club Coach			
ASA Coach			
Any Qualification achieved prior to 1994 include here:			

Purpose of the Bursary – to be completed by the applicant – Please provide details of the course you wish to undertake

Title of Course	<i>Please tick/Highlight as appropriate</i>				
	Swim England Swimming Assistant Coaching Swim England Water Polo Assistant Coaching Swim England Diving Assistant Coaching Swim England Synchro Assistant Coaching				
	Swim England Swimming Coach Swim England Water Polo Coach Swim England Diving Coach Swim England Synchro Coach ASA Level 2 British Open Water Swimming				
	Swim England Senior Swimming Coach ASA Tutor Training Programme				
Start Date		Finish Date		Course Cost	
Venue					
RPL	Is this an RPL Course? If so please confirm the exact name of the course you will be booking.				
Is this a closed or 'club offer' course?	Delete as appropriate				
	YES		NO		

Additional Information Required

Please provide below further details of your involvement with coaching within the club in the past six months. Swim England London Region requires a statement or evidence that the applicant has been actively engaged in coaching with the club for a minimum of six months and that their expectation is to continue working at the club following completion of the course.

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Applicant Declaration

I acknowledge and agree that my failure to complete the course in the required time will result in the bursary awarded by Swim England London Region being required to be returned.

Data Protection

All personal information provided on this form will be processed in accordance with the General Data Protection Regulations (GDPR) of 25th May 2018.

Signed: _____

Date: _____

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

Signed (parent/guardian): _____

Date: _____

(Emailing constitutes a signature)

Section Two

Club Declaration of Support– to be completed by the club chairman

Name of Swimming Club	
Full Name of Chairman	
Contact Address:	Telephone Number
Post Code:	Mobile (other contact number)
Email:	
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.e.; letters, emails etc.). Organisation: Date Application Submitted: Amount Requested: Status: Submitted / Rejected / Awarded (Please delete as appropriate) Amount Received: £----/--	
Supporting Statement – Please provide a brief statement on why you support this application and outline the benefits this will bring to the club:	

SwimMark - to be completed by the club chairman

Has your club gained SwimMark Accreditation? YES NO
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To the best of my knowledge, the particulars in Section 1 and 2 are correct.

YES/NO (delete as appropriate)

Club Declaration – to be completed by the club chairman

I (name):	Chairman of:
Hereby declare as the chairman of the above stated club that we support the above application and can confirm the applicant's role within the club environment. In supporting this application the club recognises that failure of the applicant to complete the course in the required time will result in the bursary being required to be returned. In the event of the individual failing to repay the funds then the club may be responsible for settling the liability.	
Signed: _____	Date _____

Office Use Only	Member of Staff Dealing	Date
Form received & completed in full Applicant informed of decision Funds Transferred Voucher Code Provided		
Comments:		