



## Club Training Needs Form

Name of Club:

Contact Name/role/email address:

*Please indicate below what training your club/members would be interested in learning more about/attending:*

Course	Tick	Preferred Method (online/face-to-face)?	If face-to-face, Preferred Day?	AM/PM?
Level 1 Coaching Swimming				
Level 2 Coaching Swimming				
Safeguarding				
Time to Listen				
Team Manager				
Club Finances/Funding				
Club Structures				
Marketing				
Business Planning				
PAYE and Employment Status				
Officials Training				
Are there any other training needs you have:				