

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 _____

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:

Adult & Child Helper Disabilities

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. Your express written consent to hold this date is required under the DPA, which by signing this form you are providing.

I agree to give my consent for an asa photographer to take photographs of the person named above for marketing purposes:
 Yes No

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) _____

OFFICE USE ONLY			
Total Fee Received		Date Received	
Method of Payment		Cheque Number	
Date Confirmation Sent			