

Course Application Form

For courses leading too an asa/UKCC Qualification

**Please complete in BLOCK CAPITALS and return with payment to:
Pulse Training & Development 3 Owen Walk Anerley London SE20 8BY**

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 (see last page for codes):

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 Aquatic NRASTC

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

Where did you find out about 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 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:

Yes No

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

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 **Pulse Training & Development**

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 its 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			

Ethnicity Codes

Code	Description
A	White British
B	White Irish
C	White Other
D	Asian Indian
E	Asian Pakistani
F	Asian Bangladeshi
G	Asian Other
H	Chinese
I	Mixed – White and Black Caribbean
J	Mixed – White and Asian
K	Mixed Other
L	Black Caribbean
M	Black African
N	Black Other
O	Other Ethnic Group

Disability Codes

Code	Description
00	No known disability
01	Dyslexia
02	Blind / are partially sighted
03	Deaf / have a hearing impairment
04	Wheelchair user / have mobility difficulties
05	Personal care support
06	Mental health difficulties
07	An unseen disability, e.g. diabetes, epilepsy, asthma
08	Multiple disabilities
09	A disability not listed above
10	Information refused / not known