

**The ASA Advanced Coaching Offer
Application Form 2009**

Thank you for your interest in being selected for the Advanced Coaching Offer from the ASA. Please note this form should be completed in full. We will treat the information you provide as private and confidential. Please complete this form clearly in CAPITALS or typescript and return to:
Colin Huffen, 35 Granby Street, Loughborough, Leics, LE11 3DU Tel: 01509 615457 Mobile: 07917 726419, Email: colin.huffen@swimming.org. Please contact us if your details change at any point in order to avoid delays in correspondence

A	PERSONAL DETAILS	
First Name(s):		
Last Name:		
Gender:		
DOB:		
Full Address (Please include Post Code):		
Which Region are you based in? Tick appropriate box	North West	
	North East	
	East Midlands	
	West Midlands	
	East	
	London	
	South East	
	South West	
Telephone:		
Mobile Number:		
E-mail address: Please state in very clear writing to avoid errors		
National Insurance Number:		
Do you hold a current driving licence?	YES	NO
If YES is it:	FULL	PROVISIONAL
Have you been resident in the UK or EU for the previous 3 years?	YES	NO
Please tick in which aquatic discipline you wish to be considered	Swimming	
	Synchronised Swimming	
	Waterpolo	
	Diving	

B EDUCATION AND QUALIFICATIONS					
Dates Attended (Month and Year)		Name of School, College, or Educational Establishment	Examinations taken or being studied for, courses attended, or any other qualifications.	Grade/s Achieved	
TO	FROM				
C PLEASE DETAIL ANY PROFESSIONAL OR OCCUPATIONAL TRAINING					
D SWIMMING EMPLOYMENT HISTORY (Paid or voluntary, most recent first)					
Date (Month and Year)		Name and Address of club	Job Title/ Role		
TO	FROM				

G	EQUAL OPPORTUNITY INFORMATION (Please tick)	
<p>The ASA has an Equal Opportunities Policy. We are committed to ensuring that all applicants are treated equally regardless of their gender, race, colour, ethnic origin or disability. To help us monitor the implementation of this policy we would be grateful if you would complete the following questions. Your answers will not affect your application in any way. Please tick ONE BOX in each section.</p>		
L12.Ethnicity	CODE	TICK
Asian or Asian British-Bangladeshi	11	
Asian or Asian British-Indian	12	
Asian or Asian British-Pakistani	13	
Asian or Asian British-any other Asian Background	14	
Black or Black British-African	15	
Black or Black British-Caribbean	16	
Black or Black British-any other Black Background	17	
Chinese	18	
Mixed-White and Asian	19	
Mixed- White and Black African	20	
Mixed-white and Black Caribbean	21	
Mixed- any other mixed background	22	
White-British	23	
White-Irish	24	
White- any other white background	25	
Not known/not provided	26	
L15.General type of Disability	CODE	TICK
Visual Impairment	01	
Hearing Impairment	02	
Disability Affecting Mobility	03	
Other Physical Disability	04	
Other medical Condition-ie epilepsy, asthma, diabetes	05	
Emotional/Behavioural Difficulties	06	
Mental Ill Health	07	
Temporary Disability After Illness	08	
Profound Complex Disabilities	09	
Multiple Disabilities	90	
Other	97	
No Disability	98	
L14.Physical/Learning Difficulties	CODE	TICK
I consider myself to have a learning disability and/or physical disability and/or health problem	1	
I do not consider myself to have a learning disability and/or physical disability and/or health problem	2	
L16. Learning Difficulty	CODE	TICK
Moderate Learning Difficulty	01	
Severe Learning Difficulty	02	
Dyslexia	10	
Dyscalculalia	11	
Other Learning Difficulty	19	
Multiple Learning Difficulties	90	
Other	97	
No Learning Difficulty	98	
Multiple Learning Difficulties	90	
Other	97	
No Learning Difficulty	98	



H	DECLARATION
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I confirm that the above information is correct to the best of my knowledge. I have enclosed documentary evidence and qualifications to support my application.

The ASA requires the information on this form for the purposes of processing your application for the advanced coaching offer. All personal information will be treated strictly in terms of the Data Protection Act 1998.

Sign.....**Date**.....