

# APPROVED CENTRE APPLICATION FORM

## 1. CENTRE DETAILS

NAME OF CENTRE (<sup>1</sup>See Note 1): \_\_\_\_\_

CENTRE CODE, if already approved by the  
ASA

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ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

NAME OF KEY CONTACT: \_\_\_\_\_

EMPLOYED BY CENTRE: YES / NO If NO is a supporting letter enclosed YES / NO

NB: If the person seeking Centre Approval is not employed by the Centre a letter in support of the application from the Manager of the Centre must accompany the application. The letter must clearly state the name of the key contact and give details of the applicant's working relationship with the centre.

TEL NO: \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

ADDRESS OF KEY CONTACT (If different from above) : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

### DECLARATION

On behalf of (*insert main centre name*) \_\_\_\_\_  
I confirm that the information provided in support of this application is to the best of my knowledge current and correct. I also agree to inform the ASA Awarding Body of any changes which may affect the administration or quality of qualifications offered by the ASA.

Signature of Head of Centre: \_\_\_\_\_

Date: \_\_\_\_\_

<sup>1</sup> NOTE 1 – Centres that intend to utilise more than one site are requested to provide additional site details on page 5. The Centre included on this form should be the main centre/site. The Key Contact must be the same person for all sites listed in this application.

**2. TYPE OF CENTRE:**

Please tick appropriate boxes

<input type="checkbox"/> Leisure / Sports Centre	<input type="checkbox"/> Local Authority	<input type="checkbox"/> Organisation
<input type="checkbox"/> School	<input type="checkbox"/> LEA	<input type="checkbox"/> Swim21 Club
<input type="checkbox"/> University	<input type="checkbox"/> Private Contractor	<input type="checkbox"/> Club (Non Swim21)
<input type="checkbox"/> Health Club	<input type="checkbox"/> Individual	

Please tick the boxes below to indicate whether the centre is involved with any external quality assurance programmes:

	✓
RLSS	
Quest	
Aquamark	
Swim 21/Dragon Mark/SwiMark	
Other (please specify)	

**3. DISCIPLINE(S) FOR WHICH APPROVAL IS SOUGHT** (please tick the appropriate box/es)

	ASA/UKCC LEVEL 1	ASA/UKCC LEVEL 2
Aquatic Teaching		
Diving Coaching		
Swimming Coaching		
Synchronised Swimming Coaching		
Water Polo Coaching		

Disabilities	
Aquafit	
Adult and Child	
Helper	

#### 4. CLUB LINKS (UKCC COACHING COURSES ONLY)

A link with an ASA affiliated Club accredited for Swim 21 or working towards Swim 21 (Dragon Mark in Wales, SwiMark in Scotland) is required in order to organise and deliver the practical aspects of ASA/UKCC levels 1 and 2 coaching (swimming) courses. The section below must be completed by the Club before your application can be approved.

Discipline _____
Name of Club _____
Name of Contact _____
Position _____
Signature of contact _____
Date _____

Discipline _____
Name of Club _____
Name of Contact _____
Position _____
Signature of contact _____
Date _____

If more than two clubs are involved please complete additional sheets

If a link to a discipline specific club cannot be established for ASA/UKCC levels 1 and 2 Diving, Water Polo and Synchronised Swimming coaching, this link may be made with the Regional Office.

Please indicate if this is the situation \_\_\_\_\_

5. If using your own Equal Opportunities Policy, Complaints Procedure or Appeals Procedure please indicate below and include with this application

Examples of appropriate procedures which can be adapted to suit the individual centre can be obtained from the ASA website [www.britishswimming.org](http://www.britishswimming.org)

<b>Policy/Procedure included:</b>	<b>Yes/No</b>
Equal Opportunities Policy	
Complaints Procedure	
Appeals Procedure	

6.

Yearly Programme of planned courses included?	Yes / No
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7. Do you currently access external funding to support candidates in your centre who take a course leading to an ASA Certificate e.g. through a college or Learning and Skills Council?

Yes

No

If you answered "Yes" please indicate the source of funding

<input type="checkbox"/>	Through a College
<input type="checkbox"/>	Through the Learning Skills Council
<input type="checkbox"/>	Other – please specify:

8. Please provide the name of any Tutor/s appointed to deliver training in your centre(s)

<b>Name of Tutor</b>	<b>ASA No:</b>

Please provide the name of any Internal Verifier/s appointed to carry out your internal verification process. If not ASA qualified then copies of the relevant certificates are required:

<b>Name of Internal Verifier</b>	<b>ASA No:</b>

## 9. FACILITY DETAILS

To be completed in order to provide details of facilities which are to be included within the Centre Approval Application.

**NAME OF MAIN SITE** \_\_\_\_\_

Details of facilities (please refer to Appendix 1 of Guidance Document)
Pools:
Resources:
Participants:

**NAME OF SATELLITE SITE** \_\_\_\_\_

Full address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_ Tel No: \_\_\_\_\_

Details of facilities (please refer to Appendix 1 of Guidance Document)
Pools:
Resources:
Participants:

If more than two sites are included in the application please copy this sheet and attach to your application.

10.

Fee Enclosed YES / NO	Amount (please specify)	Invoice Required YES / NO
		Purchase Order enclosed YES / NO

***Please return to:-***

ASA Approved Centres, 35 Granby Street, Loughborough, Leicestershire, LE11 3DU

## APPENDIX 1

The information provided in these tables gives guidance for the pool requirements and participants required for courses leading to an ASA Certificate. Measurements may be in metric or imperial. Any variation in respect of the stated minimum depths must be clearly stated in the application form and the ASA informed accordingly. Where the minimum stated depth is not available this should be discussed with the Awarding Body.

**TABLE 1 - Pool Characteristics**

Discipline	Helper plus ASA/UKCC Level 1 Aquatic Teaching	ASA/UKCC Level 2 Aquatic Teaching	ASA/UKCC Level 1 COACHING	ASA/UKCC Level 2 COACHING
Swimming	12m x 6m	Water Depth 0.9m – 1.8m	Minimum depth 0.9m	
Diving			12.5m x 12.5m 3.8m Depth Minimum Water Temp 27°	
Water Polo			Advised upon request	
Synchro			12.5m x 12.5m 3.8m Depth Minimum Water Temp 27°	
Disability	Advised upon request			
Adult & Child		Significant shallow water area (0.9m – 1.00m) Minimum water temperature of 29°		
Aquafit		12m x 6m Shallow to chest depth plus 1.5 and above for Unit 4. Minimum water temperature of 29°		

**TABLE 2 – Participants Required**

Discipline	ASA/UKCC Level 1 AQUATIC TEACHING	ASA/UKCC Level 2 AQUATIC TEACHING	ASA/UKCC Level 1 COACHING	ASA/UKCC Level 2 COACHING
Swimming	Stages 1-7 of NPTS 2007		Athletes from a Swim 21 accredited club or from a club working towards Swim 21 (NB. or home country equivalent).	
Diving				
Water Polo				
Synchro			Athletes from a Swim 21 accredited club or from a club working towards Swim 21 (NB. or home country equivalent).	
Disability	A range of significant disabilities	<i>3 unit course:</i> A variety of significant learning, physical, sensory or hidden disabilities  <i>4 unit course:</i> A variety of severe learning, physical and sensory disabilities		
Adult & Child		Adults & babies (4 - 48 months)		
Aquafit		Young people and adults – minimum age 14 years		
<b>Helper</b>	Pupils within a Club/group environment appropriate to the discipline			