



ASA AWARDING BODY

CANDIDATE REGISTRATION FORM - For ASA/UKCC Levels 1 & 2 - All Disciplines

Section A – Please complete for registration for both Level 1 and Level 2 qualifications
(Please tick as appropriate)

- TEACHING AQUATICS COACHING DIVING COACHING SWIMMING
 COACHING SYNCHRONISED SWIMMING COACHING WATER POLO

LEVEL 1 Unit 1 Unit 2 Units 1 & 2

LEVEL 2 Units 1 - 3 Units 4 - 6 Units 1 - 6

Centre Name:

Name:

IOS No/Candidate No (if applicable):

Date of Birth:Age:

Address:

..... Post Code:

Telephone No: E-mail:

Please tick or complete as appropriate:

- Male Female Ethnicity Code Disability Code

I acknowledge that I have been supplied with / had access to a hard copy of or viewed Wavepower (the ASA Child Safeguarding Policy and Procedures) and the ASA/IOS Code of Ethics on the ASA website (www.britishswimming.org) and that I have fully read and understood these documents.

I further acknowledge that whilst in attendance on the course I agree to abide by Wavepower and the Code of Ethics.

If you do not have access to the Internet please contact the ASA Awarding Body on 01509 615464.

Signature:

Registration Fees: Level 1 Unit 1 = £31.50 Unit 2 = £31.50 Units 1 & 2 = £63.00
 Level 2 Units 1-3 = £45.00 Units 4-6 = £45.00 Units 1-6 = £90.00
(Please make cheques payable to Amateur Swimming Association)

Section B: This section **must** be completed for all Level 2 registrations. Please list the pre-requisites you hold. **This section must also be completed for Level 1 registrations if candidates have already achieved Level 1 in another discipline or have been granted an exemption by the Awarding Body.**

Qualification Title	Date Achieved	Certificate No (if applicable)

CA 1

Section C – Please complete for registration for Level 2 qualifications only

Name of ASA Swim 21 Affiliated Club (coaching qualifications only):

Name and address of pool at which teaching/coaching takes place:
.....
.....

Post Code:

Number of teaching/coaching hours per week:

Ability Groups taught/coached:

Additional qualifications and responsibilities relevant to the Certificate:
.....
.....
.....

I acknowledge that I have read the general information and that my current teaching/coaching environment meets the Level 2 Certificate requirements.

Signed: Date:

ASA Affiliated Club Agreement

To be completed by a representative of the club

The requirements of this programme may require the candidate to undertake activities not normally associated with their current role. It is essential, therefore, that the club is aware of these requirements and is agreeable to the candidate undertaking the requirements of their programme within their club time.

I confirm that I fully support this application

Signature:

Name (please print):

Position in Club:

Signed:

Date:

Please return to:

Candidate Registrations, ASA Awarding Body, 35 Granby Street, Loughborough, Leicestershire, LE11 3DU