



ANNUAL RETURN PRO-FORMA



Name:

Address:

Individual Reference /ASA Licence Number:

I [print name] as the above person's line manager/club coach can validate that the following criteria and electives have been achieved as part of the ASA Licensing Scheme for Aquatic Professionals: Teachers and Coaches.

MANDATORY TASK

Please tick if achieved

- 1. Delivered a minimum of 50 hours teaching AND/OR coaching per year
- Attendance at:
 - An ASA quality assured CPD seminar per year **OR**
 - An ASAWASA accredited national conference per year **OR**
 - An ASAWASA Talent Development camp per year
- 2.

ELECTIVE TASK

Please tick if achieved

- 1. Achievement of additional ASA qualifications
- 2. Acted as a support/mentor to an aquatic professional colleague in their personal development
- 3. Supported/mentored in your personal development by an aquatic professional colleague
- 4. Coaching athletes performing at either county, regional or national level
- 5. Evidence of passing a swimmer from a learn to swim programme into an aquatic Coaching Programme
- 6. Undertaken an in house staff development programme linked to individual appraisal and training needs analysis

Signed:

Position:

Company/Club/Organisation Name:

Daytime Telephone Number:

This may be used to verify the data supplied within this pro forma

Date: