



Funded by:



**ADVANCED APPRENTICESHIP IN SPORTING EXCELLENCE
POSTAGE REFUND CLAIM FORM**

ATHLETE NAME	
DATE OF BIRTH	
ADDRESS (inc post code)	
BEST CONTACT NUMBER	
E-MAIL (you will be sent a remittance advice via e-mail)	
DETAILS/REASON FOR	
POSTAGE COST	
ACCOUNT HOLDER NAME (S)	
SORT CODE	
ACCOUNT NUMBER	
DATE OF CLAIM	
IN ORDER FOR YOUR CLAIM TO BE PROCESSED <u>YOU MUST ATTACH THE FOLLOWING EVIDENCE TO THIS FORM:</u>	
1) RECEIPT OF PAYMENT FOR POSTAGE	
BELOW IS FOR OFFICE USE ONLY	
TO CLAIM BACK FROM LSC ON TPS?	YES <input type="checkbox"/> NO <input type="checkbox"/>
BUDGET CODE	
CLAIM FORM PROCESSED BY	
CLAIM FORM AUTHORISED BY	
DATE OF AUTHORISATION	
DATE CLAIM FORM SENT TO FINANCE	

PLEASE RETURN FORM TO:

LUCY ALLSOP, ENGLAND TALENT/AASE ADMINISTRATOR,
35 GRANBY STREET, LOUGHBOROUGH, LEICS, LE11 3DU
T: 01509 615442, F: 01509 237925, E: lucy.allsop@swimming.org

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