

**The Professional Coach Apprenticeship Level 3  
Application Form 2009**

**Thank you for your interest in undertaking an apprenticeship with The Institute of Swimming. 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: Michelle Kiff 35 Granby Street, Loughborough, Leicestershire, LE11 3DU Tel: 01509615456 Mobile: 07793545234, Email: apprenticeships@swimming.org please ensure that you contact us if your details change at any point in order to avoid delays in correspondence**

<b>A</b>	<b>PERSONAL DETAILS</b>	
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 and Humberside	
	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 which aquatic discipline you wish to undertake your apprenticeship	Swimming	
	Synchronised Swimming	
	Waterpolo	
	Diving	

<b>B EDUCATION AND QUALIFICATIONS (PLEASE ENSURE YOU ATTACH COPIES OF CERTIFICATES TO SUPPORT YOUR APPLICATION)</b>				
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			
<b>C PLEASE DETAIL ANY PROFESSIONAL OR OCCUPATIONAL TRAINING</b>				
<b>D IF APPLICABLE PLEASE DETAIL ANY WORK OR EMPLOYMENT EXPERIENCE</b>				
Date (Month and Year)		Name and Address of Employer / Work Experience	Job Title/ Role	
TO	FROM			



G	EQUAL OPPORTUNITY INFORMATION (Please tick)		
<p>The Institute of Swimming 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 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>			
<b>L12.Ethnicity</b>		<b>CODE</b>	<b>TICK</b>
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		
<b>L15.General type of Disability</b>		<b>CODE</b>	<b>TICK</b>
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		
<b>L14.Physical/Learning Difficulties</b>		<b>CODE</b>	<b>TICK</b>
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		
<b>L16. Learning Difficulty</b>		<b>CODE</b>	<b>TICK</b>
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
---	-------------

**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.**

*Institute of Swimming requires the information on this form for the purposes of processing your application for apprenticeship study. All personal information will be treated strictly in terms of the Data Protection Act 1998. Apprentices registering with the Institute of Swimming will be asked to read and sign a data protection statement.*

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