

**Employer Application Form
Apprenticeships 2009**

Thank you for your interest in employing and Institute of Swimming apprentice. 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.* All applications forms must be submitted by the 7th August 2009.

A	EMPLOYERS DETAILS	
Company/Organisation Name		
Company/Organisation Reference Number (Registered Companies House)		
Company/Organisation Business		
Name of Contact Person		
Position of Contact Person		
Full Company/Organisation Address (Please include Post Code):		
Which Region is your company/organisation based in? Tick appropriate box	North West	
	North East and Yorkshire	
	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		
How many people are currently employed within your Company/Organisation		

Please state the number of apprentices you are willing to employ for each apprenticeship being offered	Type of Apprenticeship	Number of Apprentices
	The Aquatic Teaching Apprenticeship Level 2	
	The Coach Apprenticeship Level 2	
	The Professional Coach Apprenticeship Level 3	

B EVIDENCE OF EMPLOYER REQUIREMENTS				
This section lists the requirements each employer must demonstrate. To support this application evidence must be provided/enclosed.				
Requirements	Yes	No	Evidence Required	Comments / Enclosed (please tick)
1. Do you have your own internal payroll system.			PAYE Reference Number	
			Accounts Office Number and Contact Name	
2. Do you have existing employment contracts and ability to carry out Inductions			Name and Contact of Personnel Officer	
3. Do you have a Staff Policy Manual (including health & safety, data protection, no smoking, child safety and equal opportunities policies)			Copy of Staff Policy Manual	
4. Do you have a current health & safety risk assessment of your employment site/s			Copy of Health & Safety Risk Assessment/s	
5. Are you able to fund apprentices to undertake a Health & Safety/First Aid Course			NA	
6. Please enclose a copy of your staff structure			Copy of Staff Structure	
7. Are you a Swim21 performance or competitive development company/organisation			Copy of Swim 21 Certificate	
8. Are you an Aquamark accredited company/organisation			Copy of Aquamark Scheme attained	
9. For apprentices who are undertaking the Level 2/Level 3 Coaching Apprenticeships do you have an allocated member of staff who holds a minimum of UKCC Level 3 Coaching, 3 years Head Coach Experience			Name and contact for Coach	
			Copy of Coach Qualifications	
10. For apprentices who are undertaking the Level 2 Aquatic Teaching Apprenticeships do you have an allocated member of staff who holds a minimum of UKCC Level 2 Teaching, 3 years leading a teaching programme			Name and contact for Teacher	
			Copy of Teacher Qualifications	

C	ADDITIONAL INFORMATION TO SUPPORT THE EMPLOYER APPLICATION

D	DECLARATION
<p>I confirm that the above information is correct to the best of my knowledge. I have enclosed documentary evidence and qualifications to support this application on behalf of Company/Organisation Name)</p> <p><i>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.</i></p> <p>Sign.....Date.....</p>	