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ADVANCED APPRENTICESHIP IN SPORTING EXCELLENCE

Athlete Eligibility Form 2009 Disability Swimming

Please ensure that you complete the form in **CAPITALS** and please ensure that you contact us if your details change at any point in order to avoid delays in correspondence. If you have any queries with regards to this form please contact any of the central staff, contact details are available on the final page of this booklet.

PERSONAL DETAILS

First Name(s):		
Last Name:		
Gender:		
DOB:		
Aquatic Discipline:		
Full Address (Please include Post Code):		
Full Boarding Address (If Applicable):		
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:		
Athlete Mobile Number:		
Athlete E-mail address: Please state in very clear writing to avoid errors		
National Insurance Number:		
Have you been resident in the UK or EU for the previous 3 years?	YES	NO

SPORT PERFORMANCE DETAILS

Swim Club Name:			
Main Training Venue-Full Address-Including Postcode:			
Coach Name:			
Coach E-mail:			
Best/Main Event PB:		Event:	LC:
		Event:	SC:
Other Long Course PB's that may apply to you:			
Events	Your Long Course PB and Points from event.	Where achieved (Nationals, DSE, Olympic Trials e.t.c)	When achieved (April 09e.t.c)
50m Freestyle			
100m Freestyle			
200m Freestyle			
400m Freestyle			
50m Backstroke			
50m Backstroke			
100m Backstroke			
200m Backstroke			
50 Breaststroke			
100m Breaststroke			
200m Breaststroke			
50m Butterfly			
100m Butterfly			
200m Individual Medley			
400m Individual Medley			
Current Training Hours per week:			
Ultimate Ambition in Swimming:			
Are you able to commit to a minimum of 15hrs Swim training per week?		Circle appropriate answer YES/NO	

EDUCATION DETAILS

School/College attending this September 2009 (Full Address including Postcode as we will Correspond regularly with your School/College)		
School/College Principal/Headteacher Name for School/College attending this September 2009:		
School/College Contact Number for School/College attending this September 2009:		
Preferred School/College Contact Person for School/College attending this September 2009: (Head of Sixth Form, Tutor, e.t.c)		
List the courses you plan to undertake this September 2009: *As part of the AASE Programme Requirements you must complete a total of 780 Guided Learning hours (GLH) for a minimum Level 2 Qualification. This is achieved through any A/AS Level and from any Sport Related Coaching Awards and BTEC Qualifications. AS Level = 180 GLH Full A Level = 360 GLH Lifeguard Qualification = 38 GLH Level 2 UKCC Coaching = 64 GLH	Subject	Level (A/AS/BTEC e.t.c)
What are your predicted/actual GCSE Grades for Maths and English? Please ensure that you send us your GCSE Exam Results Statement and a copy of your GCSE Certificates as soon as you receive them.	Maths Grade:	Predicted/ Actual
	English Grade:	Predicted/ Actual
If you have achieved below Grade C in either Maths and/or English you will need to work towards Key Skills Qualifications in Number/ Communication in order to achieve the Advanced Apprenticeship in Sporting Excellence Qualification.		

GOALS ANALYSIS

Sporting Career Goals

Education Career Goals

Alternative/Professional Career Goals

Other Goals relevant to Personal Development

NEEDS ANALYSIS-ADDITIONAL SUPPORT REQUIREMENTS

Do you have any Additional Learning Support Requirements? If Yes, please complete all boxes below IF No, please ignore following boxes	YES/NO
Do you have any Learning Difficulties?	YES/NO
If yes, what type of Learning Difficulty do you have?	
If YES Please send the AASE Office: <ol style="list-style-type: none"> 1. A copy of your Statement of Educational Needs/Psychology Report 2. A confirmation letter from your College/SENCO, which confirms your appropriate level of study (Entry Level, Level 1, Level 2 e.t.c) and your Learning Needs/ Learning Support Requirements at academic level. 	
Do you receive or will be receiving Learning Support from your School/College?	YES/NO
If YES What type of Support do you receive or will be receiving?	
Would you benefit from Additional Learning Support from the AASE Programme?	YES/NO
If YES What type of Support would you expect to receive?	
IF APPLICABLE: Who can we contact to discuss your Additional Learning Support Requirements? (Personal Tutor, SENCO e.t.c) Please provide details of an appropriate person from the School/College you will be attending as of September 2009.	Full Name: Contact Number:
Additional Comments	

I certify that the information contained on this form is a correct record and I give my permission to any information being contained herein, together with supplementary documentation provided by me as part of my application, being processed in accordance with data protection regulations currently in force.

“ Data Protection Act 1998-The information you provide on this form will be passed to the Learning and Skills Council is registered under the Data Protection Act 1998. The registration is primarily for the collection and analysis of statistical data. The Learning and Skills Council will collect and share the information with other organisations for the purposes of administration a, careers and other guidance, statistical and research purposes. This will enable the Council and its partners to monitor performance, improve quality and plan future provision.”

Signature:..... Date:.....

EQUAL OPPORTUNITIES INFORMATION

L12.Ethnicity		
Ethnicity	Code	Tick
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	
L15.General type of Disability		
Disability	Code	Tick
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	
L14.Physical/Learning Difficulties		
Statement	Code	Tick
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	
L16. Learning Difficulty		
Learning Difficulty	Code	Tick
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	