

UKCC Course Application Form

For courses leading to an ASA/UKCC Qualification

**Please complete in BLOCK CAPITALS and return with payment to:
 Joanne Staats, ASA, 35 Granby Street, Loughborough, Leicestershire LE11 3DU 01509 615463**

Full Name Mr / Mrs / Miss / Ms _____

Date of Birth _____ Candidate Certificate # (N/A for Level 1 courses) _____

Home Telephone _____ Mobile / Work Tel _____

Address _____

Post Code _____ Email Address _____

Course Title _____

Course Venue _____

Course Start Date _____

If you are attached to a Swim 21 Club please put the name here _____

Special Requirements: Please state any Health / Medical or Learning needs of which the Course Presenter should be made aware

Where did you find out about this course? (tick as appropriate)

Swimming Times Magazine ASA Website Regional Office Other _____

Please note that this course may be cancelled if there are insufficient enrolments. In the event of this a full refund will be issued.

I agree to abide by the General Rules and Conditions for the use of the venue.

I understand that I take part at my own risk.

Course fees may be refunded in full in the event of illness / injury, for which a Doctor's Certificate must be provided.

Cancellations must be made in writing. Cancellations made less than 10 days prior to the start of the course will result in 100% of the course fee being forfeited, unless the place can be filled.

This booking is non transferable.

The IoS reserve the right to amend the timetable to suit the needs of the course.

Data Protection Act (DPA) – The IoS (Institute of Swimming) will process the data and hold the data securely in accordance with the DPA. Data will be used to administer you as a candidate. Your express written consent to hold this data is required under the DPA, which by signing this form you are providing.

I agree to give my consent for an ASA photographer to take photograph of those stated above for marketing purposes: Yes No

Payment Method

Cheque enclosed for: £ _____

Cheques should be made payable to **Institute of Swimming**

Cheques should not be post dated and a cheque card guarantee number, issue number, expiry date and full address should be written on the reverse of the cheque. Please do not send cash in the post.

Applications will only be accepted with correct payment by cheque and will be on a 'first come first served' basis.

I Understand that the, Institute of Swimming it's agents & employees are not under any liability whatsoever in respect of personnel injury, loss or damage, whilst attending this centre.

Print Name _____

Signed _____ Date _____

Club (if attached) _____

OFFICE USE ONLY			
Total Fee Received		Date Received	
Method of Payment		Cheque Number	
Date Confirmation Sent			