



**APPLICATION FORM FOR ASA SOUTH WEST
YOUNG AQUATICS VOLUNTEER PROGRAMME
2010 /2011**

Name D.O.B:ASA membership number

Address.....
.....Postcode

Name of Swimming Club (please note applicants must be a member
of an ASA Swim21 accredited club) .

Name/address of school.....

Parents telephone Number - Home:.....

Mobile.....

Parents E mail address

Additional emergency contact –

Namephone number(s).....

Please note: contact will only be through parent’s phone number/email or adult club
contact

Ethnicity: please underline one of the 5 main categories:

White / Asian or Asian British / Black or Black British / Mixed Race / Chinese / Other

Do you consider yourself to have a disability? Yes / No

If yes, what is the nature of your disability (please circle)?

Physical / learning difficulty / hearing impairment / visual impairment / other

Do you have any special needs for this programme?

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Current Sport Qualifications (if any).....

Please provide certified evidence.

Current Sport involvement

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What are your teaching / coaching and/or volunteering aims in Sport?

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