**National Talent Camp 2015/16 - Coach**

Application Form

Please complete all of the following details:

**Personal Details**

|  |  |
| --- | --- |
| Surname: |  |
| Forename(s): |  |
| Address: |  |
| Post Code: |  |
| Date of Birth: |  |
| Telephone No (Daytime): |  |
|  (Evening): |  |
| Email: |  |
| Swim 21 Club/Organisation: |  |
| School/College:  |  |
| Disability: |  |
| Any additional requirements: (Dietary, allergies, medical requirements) |  |

**Information in support of your application**

1. Demonstrate your commitment to aquatics through providing examples of how you are currently actively coaching in the sport.
2. Please give details for the reasons for why you are applying to be a part of this programme and the skills you wish to develop.
3. Please provide any extra information to support your application such as your knowledge and experience of coaching within swimming and the aquatic disciplines.
4. Please outline why this young coach should be selected for the programme and the impact this will have on their development. (*To be completed by Head Coach or Mentor*).

|  |  |
| --- | --- |
| Club support:  | YES/NO (delete as appropriate) |
| Head Coach Name: |  |
| Head Coach Email Address: |  |
| Mentor Name: |  |
| Mentor Email Address: |  |

Please confirm the following details:

**Your ASA Level 1 or Level 2 Qualification:**

|  |  |
| --- | --- |
| Qualification and Date achieved |  |
| Certificate Number |  |
| ASA Membership Number |  |

I confirm that I am available on the dates of the 18th – 21st December in Loughborough to attend the YST National Talent Camp if successful.

**YES / NO** (delete as appropriate)

*I understand that by completing and returning this form, I am confirming I wish to be contacted by ASA staff in relation to the NTC programme using the contact details provided above. Personal data will be stored in line with the ASA’s data protection policy.*