**Team Manager Presenter Specification**

**Module 2**

**Name: Email Address:**

**Contact No: Location (nearest city):**

**Distance willing to travel to deliver:**

**Experience/Knowledge:**

|  |  |
| --- | --- |
| **Requirement** | **Evidence** |
| Good knowledge and experience of taking teams on overnight stays |  |
| Good knowledge and experience of taking teams abroad |  |
| Attended the Team Manager Module 1 and 2 workshops as a delegate. Date/s, location/s and name of course Presenter/s |  |
| Experience delivering Module 1 workshops – with good feedback |  |

Once we have reviewed your form, the next steps are for you to shadow and assist with the delivery of a Module 2 course, and following this to be supported and observed delivering your first Module 2 workshop.

Please complete the table below to let us know when and with whom you will be carrying out these two steps.

|  |  |
| --- | --- |
| Shadowing of an existing Presenter delivering the Module 2 course -  Date and name of Presenter |  |
| Delivery of Module 2 course with support from and observation by an existing Presenter -  Date and name of Presenter |  |

Please note that even if all the above criteria are met, the ASA reserve the right to ask for further training and/or development to be undertaken before a Presenter is registered for Team Manager Module 2 delivery.

Once complete please return this form to [volunteering@swimming.org](mailto:volunteering@swimming.org).

By signing and returning this form you are agreeing to your contact details provided above being circulated to clubs and individuals wanting to organise a Team Manager course in your region.

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_