



# *Northamptonshire Amateur Swimming Association*

*(Affiliated to Swim England East Midlands Region)*

## **CANDIDATE DETAILS:**

NAME:

ADDRESS:

TELEPHONE NO:

E-MAIL:

DATE OF BIRTH:

ASA No:

DBS No:

FUNDING APPLIED FOR:

RENEWAL:

NEW:

COURSE DETAILS:

DATE:

VENUE:

ORGANISING BODY:

COST:

CANDIDATE'S ROLE AT CLUB:

HOURS WORKED PER WEEK:

VOLUNTEER/EMPLOYED:

CURRENT QUALIFICATIONS:

DECLARATION:

I confirm that all the details given above are true and that I have read and accept the guidance notes. I confirm that I do not already hold a Child Protection/Safeguarding certificate issued by UK Sport, UK Coaching, the LSCB, The FA, the NHS or any other Government organisation such as the School's authority or Social Services, that is acceptable to the ASA/Swim England.  
A copy of my certificate is attached.

CANDIDATE'S SIGNATURE:

DATE: