



# Swim England South West

## APPLICATION FORM FOR ASA SOUTH WEST REGION YOUNG AQUATICS VOLUNTEER PROGRAMME 2018/19

Name ..... D.O.B: .....

Swim England membership number .....

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

Name of Swimming Club .....

County Association .....

Parents telephone Number - Home:.....  
Mobile.....

Parent/carer email address (please print clearly )  
.....

Additional emergency contact –  
Name .....phone 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 involvement .....

What are your teaching / coaching and/or volunteering aims in Sport?  
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What Qualities and Skills do you have that would support your placement on the Young Volunteer Programme? (Please use a separate sheet if required)

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What would you like to achieve from this programme?

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**Data Protection Statement:** Swim England South West Region take your privacy seriously and will only use information gathered for legitimate business needs in line with the Data Protection Act 2018. All information provided on this form will be used for the purposes of processing your information in relation to the event/programme mentioned above.

By completing this form you are consenting for us to store your data and use this in line with our Privacy Policy which is available to view on our website –[www.swimwest.org.uk](http://www.swimwest.org.uk)

Signed .....(young volunteer)  
Date .....

Countersignature of parent required (if the young volunteer is under 18yrs)  
.....  
Date.....

Please note: your club will be asked to provide a letter/statement of recommendation supporting your application. The County lead officer ( or nominated rep) may visit with your club to ascertain that the club can provide he programme requirements. **Please return forms to :**  
**Alma Borthwick C/O WASP, Richmond House, Goodwood Close, Epsom Rd, Trowbridge, BA14 0XE**  
**[alma@wiltssport.org](mailto:alma@wiltssport.org)**

**CLOSING DATE FOR APPLICATIONS = 30<sup>th</sup> September 2018**