# LANCASHIRE COUNTY WATER POLO & SWIMMING ASSOCIATION



# APPLICATION FORM SECTION A

Name of Club						
Club Contact (to receive ch	ıq)					
Address						
E-mail				Phon	e No.	
	<u> </u>			<u> </u>	<u> </u>	
SECTION B PERSONAL	DETAILS TO BE	COMPL	ETED OF APP	LICANT		
Participant Name	Mr/Mrs/Miss/ot					
ASA Membership No:			Date of Birth			
Home Telephone No:			Mobile Numb	er:-		
Address						
E-mail address						
SECTION C	PURPOSE O	F APPL	CATION			
Please give details of course	you wish to atten	d or have	attended			
Title of Course						
Date(s) of Course						
Venue of Course:						
Full Cost of Course:-						
Amount Contributed by						
Club						
Amount Contributed by						
applicant						
Amount Contributed by		I.E.	REGION, ASSOCI	ATION, LOCA	L AUTHORIT	Y, CHARITIES
other funding source						
Amount of Bursary applied	for (maximum 30	%)				

PLEASE NOTE: IF YOU ATTEND A COMBINED LEVEL 1/LEVEL 2 COURSE you will only be eligible for the cost of 1 course

### LANCASHIRE COUNTY WATER POLO & SWIMMING ASSOCIATION



SECTION D	CORRENT TEACHING/COACHING		
Current Teaching Coaching Q	ualifications (please complete)	Date Achieved	

### SECTION E FURTHER INFORMATION

Number of years Teaching/Coaching	years
Current Teaching/Coaching Commitment	hours

#### **DECLARATION OF APPLICANT**

To the best of my knowledge, the details in this application are correct.

I understand that if I attend a Combined Level 1/Level 2 course then I am only eligible to request the cost of 1 course.

I understand that I have to repay Lancashire County WPSA one day (7 hours) volunteer hours within 18 months of this application.

I understand information from this form maybe used for administration and publicity purposes in accordance with the Data Protection Act 1998.

Print Name	
Signature	Date:-

## **DECLARATION OF CLUB**

To the best of my knowledge, the details in this application are correct.

I understand that the applicant can only apply for the cost of 1 course per year.

I understand that if the applicant does not repay the volunteer hours with 18 months of the course, the club will be liable for the amount of the bursary allocated for this applicant.

I understand information from this form maybe used for administration and publicity purposes in accordance with the Data Protection Act 1998.

Print Name	
Signature	Date:-

Emailing constitutes signature.