



Leicestershire and Rutland
Amateur Swimming Association

TEACHING OR COACHING GRANT APPLICATION FORM

Applicant

Full name: S.E. No.:
Swimming Club:

Course

Qualification/Title:
Course Ref.: Start Date: Finish Date:
Tuition Cost:
Combined Level 1 and Level 2 course grants are paid at the Level 2 rate

Declaration

Conditions

1. The course successfully fully completed must have been provided by the IOS, or accredited by Swim England
2. The applicant is a member of a LASA affiliated swimming club. 'swimming' shall be interpreted as to any affiliated club
3. The applicant is registered with S.E. as a paid/volunteer teacher/coach at the above swimming club
4. The applicant possesses a current DBS enhanced disclosure certificate, with barring check & registered with S.E.
5. The applicant has a current Safeguarding Certificate, which is registered with S.E. (Those 18 or over on the date of submission of this request form)
6. The applicants swimming club may be asked to demonstrate how the course attended will significantly benefit athletes who are members of that club. The LASA Officers decision will be final
7. The application is submitted not more than 90 day following the finish date of the course. The LASA Officers will consider representations due to extenuating circumstances

Payment of Grant

If successful a grant, according to LASA's current payment scale, will be paid directly to the affiliated swimming club identified above. Any correspondence with respect of this application will be undertaken solely with the swimming clubs Secretary.

Submission of Grant Application

Email this completed form, together with a copy of your course certificate to treasurer@leicestershireasa.org.

Evidence Verification

LASA reserve the right to submit this application to S.E. East Midland Region (SEEMR) for verification the conditions have been complied with.

Applicants
signature: Date:

SEEMR Verification

I have reviewed the information SE hold about the applicant, within the scope in the conditions identified on this form, and am able to advise that the conditions **have/ have not** been complied with. (strike through as appropriate). On completion return to treasurer@leicestershireasa.org.

Verifier (Print name):

Signature of
verifier: Date: