



APPLICATION TO CONDUCT TECHNICAL COURSES

Please complete and return this form to Your Masters Swimming Branch for their records.

The Branch will then forward it electronically to admin@mastersswimming.org.au

BRANCH			
CLUB (if applicable)			
TIME & DATE OF COURSE			
VENUE ADDRESS (IF KNOWN AT TIME OF REQUEST)			
UNIT NAME (tick applicable)	<input type="checkbox"/> Timekeeper	<input type="checkbox"/> Check Starter/ Clerk of Course/ Marshall	
	<input type="checkbox"/> GPoO – 1.Self Management	<input type="checkbox"/> Inspector of Turns	
	<input type="checkbox"/> GPoO – 2.Roles, Responsibilities for Masters Swimming Officials	<input type="checkbox"/> Judge of Stroke	
	<input type="checkbox"/> GPoO – 3.People Management	<input type="checkbox"/> Starter	
	<input type="checkbox"/> Chief Timekeeper	<input type="checkbox"/> Referee – including following	
		<input type="checkbox"/> GPoO – 4.Competition Environment	
COURSE COORDINATOR	Name:		
Address:			
Phone:		Email:	
<input type="checkbox"/> Candidates/Co-ordinator to download candidate notes from National website under TECHNICAL link <input type="checkbox"/> Coordinator to email candidate list to Branch			
COURSE PRESENTER	Name:		
Address:			
Phone:		Email:	
<input type="checkbox"/> TICK IF PRESENTER NOTES ARE REQUIRED			
PRESENTER'S QUALIFICATIONS			
NUMBER OF CANDIDATES EXPECTED			

Please note: candidates will not be accredited by Masters Swimming Australia unless the course and presenter/s are approved prior to the course being conducted.

TO BE COMPLETED BY THE NATIONAL OFFICE:		<input type="checkbox"/> Data Entry Complete
Course Approved: Yes/No	Course Approval No.: _____	<input type="checkbox"/> Course Conducted
Course Approved By: _____	Date: _____	<input type="checkbox"/> Candidate List Received