

Updating Verification Form – Club Coach (Re-accreditation)

Form Received:



Name: Dr / Mr / Mrs / Miss / Ms

Address:

State:

P/code:

Phone No: (hm)

(mob)

Email Address:

D.O.B:

Gender: Male / Female

Coaching ID:

Current Coaching Expiry Date:

MSA member number:

Criteria (in previous four years)

Score

Coaches' Own Score

Coach adults average of 1 hour or more/week

6

OR coach adults average 1hour/two weeks

4

OR coach adults average minimum 1 hour/month

3

Attended an ASCTA Conference (State or National) Date: ___ / ___ / ____

5

Attended 4 swimming course/lectures/workshops run by SAL or MSA (including Branches) (please provide list)

5

OR attended 3, 2 or 1 courses

3 / 2 / 1

Completed an extension course run by SAL – certificate evidence provided

5

Presented at a swimming related course/workshop/social media events – details provided

4

Swimming related web page or magazine subscription – details provided

3

Meet with mentor coach(s) minimum once per year – details provided

3

Any other relevant professional development – details provided

3

Total for Applicant (must equal 10 or more points)

Signed by applicant:

Date:

____ / ____ / ____

Verification: I confirm that the activities listed above have been completed by the coach over the last four years

Signed:

(National or Branch Coaching Director, Mentor Coach, Club Official, or Workplace Manager may sign the verification).

Name:

Position:

Date:

____ / ____ / ____

NOTE: Masters Swimming Australia will not process accreditations without ALL details completed, including signature. The Branch should retain a copy of this form for their records.

SEND TO:

Your Branch Office

Please visit www.mastersswimming.org.au or contact admin@mastersswimming.org.au for Branch Details

MSA BRANCH OFFICE USE:

The above Coach has (please tick):

- Updating activities approved;
- Signed a Code of Behaviour Agreement Form; **and**
- Submitted a copy of their current CPR qualification

Signature

____ / ____ / ____ Date

MSA NATIONAL OFFICE USE:

Re-accreditation Expiry Date:

- Data Entry complete
- Uploaded into STG/Access
- Certificate(s) issued

Signature

____ / ____ / ____ Date