



APPLICATION FORM NEW COACH ACCREDITATION FORM

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

Name: Dr / Mr / Mrs / Miss / Ms

Previous Name if last registered under a different name:

Address:

State:

P/code:

Phone No:

(hm)

(mob)

Email Address:

D.O.B.:

Gender: Male / Female

Coaching ID:

MSA member number:

Position name:



INTRO COACH



CLUB COACH

Course Approval date:

Course Approval number:

**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.**

Office Use Only

SEND TO:

Masters Swimming Australia
Sports House
Level 2, 375 Albert Road
ALBERT PARK VIC 3206

Fax: 03 9682 5444

admin@mastersswimming.org.au

TO BE COMPLETED BY MASTERS SWIMMING AUSTRALIA BRANCH:

The above Coach has (please tick):

- Completed the intro or club coach course requirements;
- Signed a Code of Behaviour Agreement Form; **and**
- Submitted a copy of their current CPR qualification

Branch Coaching Coordinator's Signature

____/____/____
Date

TO BE COMPLETED BY NATIONAL OFFICE:

- Data Entry complete
- Uploaded into IMGSTG
- Certificate(s) issued

Signature

____/____/____
Date