



APPLICATION FORM NEW COACH ACCREDITATION FORM

Congratulations on completing the MSA Club Coach requirements.

Please complete and return this form to your MSA Branch for processing. The Branch then forwards this to the National Office and you will receive an electronic Certificate with a Club Coach ID.

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

MSA member number:

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

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:

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

Coach expiry date: _____

Signature

Date