

## Club Coach Accreditation - Recognition of Current Competency (RCC)



Recognition of Current Competency (RCC) is a pathway toward achieving the Masters Swimming Australia (MSA) Club Coach Accreditation. You can apply for RCC if you have sufficient prior learning and experience to satisfy the competency criteria for Club Coach accreditation. You will need to provide evidence that you currently possess an equivalent level of theoretical and practical ability across all competencies and skills as someone who has undertaken the full Club Coach Course and been deemed competent. RCC Applications are assessed by the MSA National Coaching Committee Chair and a stipulated fee is payable once your application is received by the Branch.

You may apply for partial RCC and you will be advised which learning outcomes still need to be achieved and what evidence is still required. Please indicate if you are applying for FULL or PARTIAL RCC by ticking Competent or Not Yet Competent in the relevant competency in the table below. You must supply evidence to support your claim. Please ensure that all details are completed, including signature, and all substantiating evidence is attached for each module/competency.

**Application needs to be endorsed by your Branch and a \$55 application fee paid to MSA (see next page) before you email your application to [admin@mastersswimming.org.au](mailto:admin@mastersswimming.org.au)**

Module	Topic	Competency	Competent Y/N	Evidence supplied
Module 1	Understanding Your Swimmers	Capacity to understand the range of swimmers that a Masters Club coach will coach, the various entry points into swimming and pathways for development.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 2	Coach Self-Awareness/ Coaching Better	Ability to maximise communication, motivation, teaching and mentoring of adult swimmers. PLUS Ability to identify own coaching philosophy, individual strengths & strategies for improvement and methods of self-reflection.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 3	Swimmer Engagement/ Coaching Adult Swimmers	Capability to work with masters swimmers across a range of abilities and backgrounds combined with the ability to identify the motivating factors and barriers to adult swimming and the differences with age-group swimmers.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	
Module 4A	Efficient Stroke Development: Freestyle, Butterfly, Breaststroke & Backstroke.	Proficiency in basic fundamentals of each stroke including knowledge of the technical aspects of each of the four strokes. PLUS	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 4B	Foundations of Swimming and Common Errors	The ability to identify and rectify common errors encountered and the modifications used by masters swimmers.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 5	Skills and Fitness for Competition	Ability to prepare masters swimmers for training and competition.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 6A	Program Design and Management/	Capability in preparing training plans for masters swimmers across a range of physical development, technical abilities, swimming aspirations and psychosocial needs and demands.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 6B	Goals and Planning	Capacity to develop and implement an annual training plan with periodisation for a mixed masters squad.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 6C	Session Planning	Capability to write basic session plans including objectives, timing, drills/skills, training elements and equipment for a squad of mixed ability masters swimmers.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 7	Modifying to Include All	Capacity to adapt coaching practices to meet individual stroke correction needs.	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes
Module 8	Practical Pool Session Assessment	Proficiency in conducting a pool side coaching session with a mixed level masters squad. (Practical coaching log under a mentor coach to be supplied.)	<input type="checkbox"/> Yes <input type="checkbox"/> Not yet	<input type="checkbox"/> Yes

# Club Coach Accreditation - Recognition of Current Competency (RCC)



## Application form

Personal Details	
Name:	
MSA Branch:	
Member Club and Member Number (if applicable):	
Address:	
Mobile:	
Email:	
Date of birth:	
Competencies	Summary of evidence to support the competencies ticked above. (please attach verified copies of supporting documentation)
Current Swim Coaching Qualification(s) (if any)	
Swimming Australia/ ASCTA or equivalent Coach on-line modules	
Pool deck coaching Masters/Adult Swimmers – Places, dates, times, evidence of programming. (Minimum 30 hrs – coaching log signed by qualified observer e.g. mentor coach, pool manager or club official)	
Endorsement of experience/ability from Mentor Coaches, Club officials etc. addressing the table above.	
Masters Coaching workshops, clinics or equivalent courses attended.	
Any other experience or training <u>relevant to Masters Swimming coaching.</u>	
Please attach a copy of current evidence/statement of attainment of a <a href="#">CPR qualification</a> delivered by a Registered Training Organisation.	
Please attach your signed Coach Code of Behaviour Agreement Form.	

I declare that the evidence I have provided is a true and accurate record of my relevant work and life experiences:

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Application endorsed by Branch Coach Official. Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Applicants for RCC are asked to please make payment of \$55 marked “Coaching RCC- your name” to:

**Bank:** Westpac  
**Name:** Masters Swimming Australia Inc  
**BSB:** 033-100  
**Account:** 220255

**Office use only**

Fee received: Evidence Supplied: Assessment Process: CC #: Expiry date: