

Masters Club Coach Application for Re-Accreditation

The [MSA Coach Updating Log](#) is available to use as a guide for your eligibility for re-accreditation when it expires

Please fill in the [MSA Code of Behaviour](#) form



Applicant Full Name:			Gender: M / F
Address:		State:	Post Code:
DOB:	Email:		Phone:
Coaching ID	Coaching Expiry Date:	MSA member number:	

Mandatory Requirements (in previous three years)

		Points	Coaches Score
Practical coaching	Coach adults average of 1 hour or more per week - OR	6	
	Coach adults average of 1 hour or more per fortnight - OR	4	
	Coach adults average minimum 1 hour per month - OR	3	
	Coach Educator, Club Fitness Director, Head Coach or Club Coach Mentor	3	

Optional Requirements to make up to 10 re-accreditation points (in the previous three years)

Online Club Coach Workshop	Complete the MSA Club Coach Online Workshop as PD.	5	
Professional Development	Attend an ASCTA Conference Date: ___ / ___ / ____	3	
<i>(Details to be attached or uploaded)</i>	Attend swimming courses/presentations/workshops conducted by MSA or MSA Branch. (Maximum 3 Courses)	1 point per course	
<i>(Certificate to be attached or uploaded)</i>	Complete any SA Advanced or Performance Module.	2	
Continuous Improvement	Present at a swimming related course/workshop/social media event.	3	
<i>(Details to be attached or uploaded)</i>	Contribute to a swimming related web page or magazine subscription.	2	
	Meet with mentor coach(s) minimum twice per year.	2	
<i>(Details to be attached or uploaded)</i>	Any other relevant professional development approved by MSA.	2	
Total Score for Applicant (must equal 10 or more points)			

Signed by applicant: _____

Date: _____ / _____ / _____

Verification:

I confirm that, to the best of my knowledge, the activities listed above have been completed by the coach over the last three years

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

Signed: _____

Name: _____

Position: _____

Date: _____ / _____ / _____

SEND TO:

Coach Education Co-ordinator at your Branch office

Contact email addresses are available at <https://mastersswimming.org.au>

or for Branch details contact: admin@mastersswimming.org.au

MSA BRANCH OFFICE USE:

The above Coach has (please tick):

- Updating activities approved
- Evidence supplied as required
- Signed Code of Behaviour Agreement Form;
- Provided copy of current CPR qualification

Signed: _____

Date: _____ / _____ / _____

MSA OFFICE USE:

Re-accreditation Expiry Date: _____

- Uploaded into STG/Access
- Certificate(s) issued

Signed: _____

Date: _____ / _____ / _____

NOTE: Masters Swimming Australia cannot process accreditations without ALL details completed, including signature. Branch to retain a copy for their records.

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