

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 week OR	4	
	Coach adults average minimum 1 hour per month	3	

Optional Requirements to make up to 10 re-accreditation points (in 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.	1 point per course Max 3	
<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>	Complete 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: _____ / _____ / _____

<p>SEND TO:</p> <p>Coach Education Co-ordinator at your Branch office</p> <p>Contact email addresses are available at https://mastersswimming.org.au or contact admin@mastersswimming.org.au for Branch Details</p>	<p>MSA BRANCH OFFICE USE:</p> <p>The above Coach has (please tick):</p> <p><input type="checkbox"/> Updating activities approved</p> <p><input type="checkbox"/> Evidence supplied as required</p> <p><input type="checkbox"/> Signed Code of Behaviour Agreement Form; and</p> <p><input type="checkbox"/> Provided copy of current CPR qualification</p> <p>_____ Signature</p> <p>____/____/____ Date</p>	<p>MSA OFFICE USE:</p> <p>Re-accreditation Expiry Date: _____</p> <p>Data Entry complete</p> <p><input type="checkbox"/> Uploaded into STG/Access</p> <p><input type="checkbox"/> Certificate(s) issued</p> <p>_____ Signature</p> <p>____/____/____ Date</p>
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NOTE: Masters Swimming Australia cannot process accreditations without ALL details completed, including signature. Branch to retain a copy for their records.