|  |  |  |  |
| --- | --- | --- | --- |
| **First Name** |  | **Surname** |  |
| **Title** |  | **Gender** |  |
| **DOB** |  |  |  |
| **Personal Address** | | | |
| **Personal Mobile No** |  | **Personal email address** |  |

**Personal Info:**

**Professional Info:**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | **Job Title** |  |
| **School Address** | | | |

**Course Info:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Select Course Option(s):  Please Note: 1-day ‘Support Teacher of School Swimming’ qualification is  pre-requisite for 2-day ‘Teacher of School Swimming’ qualification. | | | | |
| 1 day ‘Support Teacher of School Swimming’ |  | 2 day ‘ combined support teacher and  Teacher of School Swimming’ | |  |
| Requested Location: |  | | | |
| Requested Course Date(s): |  | | | |
| Payment details – Please enter Purchase Number and total amount for the selected course(s) | | PO Number: | Amount: | |
| Terms & Conditions:   1. No course booking will be accepted without a valid PO number. 2. Declaration signature by email is acceptable and binding. 3. Courses are filled on a “first-come first-served” basis. If the course selected is full you will be contacted with any alternative course dates that are available at that time. 4. If a booking is made but that individual cannot attend the course, the school may replace the candidate with no cancellation fee. Alternative candidate details must be supplied a minimum of 24hrs prior to the date of the course otherwise full cancellation fees will apply and any substitute candidate will not be eligible for training. 5. If a candidate cannot attend a booked course and no substitute is available the cancellation fees are as follows:    1. Cancellation up to 6 weeks before course date – 50% fee    2. Cancellation within 6 weeks of course date – 100% fee | | | | |
| Declaration: I have read & understood the terms and conditions and approve this application. The member of staff applying for the course has a current DBS check on file with the school that may be supplied on request. | | | | |
| **Signed** (head Teacher/CPD Co-ordinator): | | **Dated**: | | |

Please complete and email back to theswimmingconsultancy@gmail.com.