

**Skills Coach Expression of interest form**

**12 Years Regional Camps 2017**

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| **Name of Coach** |  |
| **Club/ Position at club** |  |
| **Mobile Number** |  |
| **Email Address** |  |
| **Relevant medical information** |  |
| **Key dates** | **Available (Please indicate YES or NO)** |
| Regional conference – 11th June Leatherhead LC |  |
| Camp 1 -8th July ACS Cobham  Camp 2 – 2nd September, ACS Cobham  Camp 3 – 3rd December, K2 Crawley |  |

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| **DBS Number/ date issued** | **Are you qualified to a minimum of ASA Level 2 Coach Standard? (Level 2 or 3?)** | **Date of last safeguarding training** |
|  |  |  |
| **Signed/ Date** |  | |

Please provide a personal statement of no more than 200 words

Answer the following questions in your statement:

1. Why do you want to be a regional skills coach?

2. What would you hope to gain from this experience?

3. How will this opportunity assist you in your future development and career as a coach?

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*Please return this reply slip by 21st April.*

[*Kristie.jarrett@southeastswimming.org*](mailto:Kristie.jarrett@southeastswimming.org)

*Kristie Jarrett*

*Regional Club Development Officer*

*ASA South East*

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