ASA / scUK Safeguarding & Protecting Children
DELEGATE FORM

Please complete in BLOCK CAPITALS and return with payment

Participant Name Mr / Mrs / Miss / Ms _____

Date of Birth _____

Home Telephone _____ Mobile / Work Tel _____

Address _____

_____

_____ Post Code _____

Email Address _____

Please note that confirmation of acceptance at being booked onto the course maybe sent by email

Please tick if you would like to be informed of future courses/seminars running in your Area ☐

Seminar Title ASA/scUK Safeguarding & Protecting Children

Seminar Venue _____

Seminar Date _____

Voucher Attached (Swim21/Licence) Number _____ IOS Member _____ IOS No. _____

Affiliated Club Member: Y / N If yes name of club: _____ Cheque or PO no. enc _____ £ _____

Cheques made payable to Institute of Swimming – Cheques should not be post dated

PLEASE PUT YOUR NAME AND ADDRESS ON BACK OF CHEQUE AND ATTACH CHEQUE FIRMLY TO FORM

Please state any health/medical or learning needs of which the Seminar presenter should be made aware of:

Data Protection Act (DPA): The IOS will process the data and hold the data securely in accordance with the DPA. [and the data will be used to administer you as an IOS delegate].
This booking is non-transferable
If for any reason the course is cancelled a full refund will be issued
Delegate fees may be refunded only in the event of illness/injury.
I agree to abide by the General Rules and Conditions for the use of the Centre.
I understand that I partake at my own risk.

Signed _____ Date _____

Completed Applications and full payment to be sent to:

Lesley Burton
ASA Workforce Development
35 Granby Street
Loughborough
LEICS LE11 3DU

OFFICE USE ONLY

Total Fee Received	£	Date Confirmation Sent	Email / Post	Processed by	

Method of Payment Cash Card Cheque Full Funded Part Funded Website

Invoice Req _____ Invoice Paid _____ Member Ref _____ Integra Y/N