

# Updating Verification Form – Club Coach (Re-accreditation)



**masters  
swimming**  
AUSTRALIA

Name: Dr / Mr / Mrs / Miss / Ms

Previous Name if last registered under a different name:

Address:

State:

P/code:

Phone No: (hm)

(mob)

Email Address:

D.O.B:

Gender: Male / Female

Coaching ID:

MSA member number:

Criteria (in previous four years)	Score	Coaches' Own Score
Coach adults average of 1 hour or more/week	7	
OR coach adults average 1hour/two weeks	5	
OR coach adults average minimum 1 hour/month	4	
Attended an ASCTA Conference (State or National) Date: ___ / ___ / ____	5	
Attended 4 swimming course/lectures/workshops run by SAL or MSA (including Branches) (please provide list)	5	
OR attended 3, 2 or 1 courses	4 / 3 / 2	
Completed an extension course run by SAL – certificate evidence provided	5	
Presented at a swimming related course/workshop/social media events – details provided	4	
Swimming related web page or magazine subscription – details provided	3	
Meet with mentor coach(s) minimum once per year – details provided	3	
Any other relevant professional development – details provided	3	
<b>Total for Applicant (must equal 10 or more points)</b>		

Signed by applicant:

Date: \_\_\_ / \_\_\_ / \_\_\_

**Verification:** I confirm that the activities listed above have been completed by the coach over the last four years

Signed: \_\_\_\_\_

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

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_

**NOTE: Masters Swimming Australia will not process accreditations without ALL details completed, including signature. The Branch should retain a copy of this form for their records.**

<p><b>SEND TO:</b></p> <p>Your Branch Office</p> <p>Please visit <a href="http://www.mastersswimming.org.au">www.mastersswimming.org.au</a> or contact <a href="mailto:admin@mastersswimming.org.au">admin@mastersswimming.org.au</a> for Branch Details</p>	<p><b>OFFICE USE</b></p> <p><b>TO BE COMPLETED BY MASTERS SWIMMING AUSTRALIA BRANCH:</b> <i>The above Coach has (please tick):</i></p> <p><input type="checkbox"/> Updating activities approved;</p> <p><input type="checkbox"/> Signed a Code of Behaviour Agreement Form; <b>and</b></p> <p><input type="checkbox"/> Submitted a copy of their current CPR qualification</p> <p>_____ Signature</p> <p>___ / ___ / ___ Date</p>	<p><b>TO BE COMPLETED BY NATIONAL OFFICE:</b></p> <p><input type="checkbox"/> Data Entry complete</p> <p><input type="checkbox"/> Uploaded into IMGSTG</p> <p><input type="checkbox"/> Certificate(s) issued</p> <p>_____ Signature</p> <p>___ / ___ / ___ Date</p>
--	---	---