

Leeds City Council  
Sports Development

(an ASA Approved Education Centre)

**City Development**

Swim Office

John Charles Centre for Sport

Aquatics Centre

Middleton Grove

Leeds

LS11 5DJ

Contact: Andrew Learmonth

Tel: 0113 3950001

Email: Andrew.learmonth@leeds.gov.uk

**A Leeds Sports Development Course leading to an  
ASA/UKCC Level 1 Certificate for Teaching Aquatics units 1 & 2**

- PRE-REQUISITES:** 16 years of age at the commencement of the course.
- HOW TO APPLY:** Simply complete and return the attached application form and payment to:  
**Swimming Development, John Charles Centre for Sport, Aquatics Centre,  
Middleton Grove, Leeds, LS11 5DJ.**
- Please make cheques payable to Leeds City Council.**
- FURTHER DETAILS:** If you would like any further information on this or any of our other courses, please telephone 0113 3950001.
- COURSE SYLLABUS:** [www.britishswimming.org/Teachers & Coaches/Course Syllabus/Level 1 Teaching Aquatics](http://www.britishswimming.org/Teachers%20&%20Coaches/Course%20Syllabus/Level%201%20Teaching%20Aquatics)
- RECOMMENDED READING:** Amateur Swimming Association Swimming Teaching and Coaching Level 1 book.
- LITERACY:** This course requires a degree of literacy, one element of the course is to complete a log book which requires some written work. If you have any doubts about your ability to complete the log book or read the questions in the exam paper, then please contact the swim office.
- SPECIAL PROVISION:** Candidates can request special provision for the examination; however, it is better to communicate this to us when enrolling for the course, as additional help takes time to organize. There is provision for candidates to have a reader or scribe (or both) for the exam. Coloured paper can also be arranged.  
**It is the responsibility of the candidate to provide written evidence for the need for special provision.**
- PRACTICAL TEACHING:** Candidates are expected to teach a group of children in a swimming pool for their practical assessment. The poolside is wet, hot and often noisy, candidates need to be aware that they will have to perform demonstrations and make themselves heard.
- RE-ASSESSMENT POLICY:** All arrangements for practical re-assessment must be made by the candidates, who will be responsible for ensuring that all relevant ASA conditions are met. Re-assessment of the theory exam will be through a further written paper – only the units failed need to be re-assessed.  
Re-assessment of the log book will be through submission to a person designated by the ASA Awarding Body – only the failed units need to be re-assessed
- PROCEDURE FOR APPEALS:** Candidates who wish to make an appeal should contact the swim office for a copy of the appeals procedure.

**ASA/UKCC APPROVED  
CENTRE POLICIES:**

[www.sportcentric.com/vmgmt/vfilemgmt/page/filedownload/1,8202,5157-51138-134996-0-file,00.pdf](http://www.sportcentric.com/vmgmt/vfilemgmt/page/filedownload/1,8202,5157-51138-134996-0-file,00.pdf)

# REGISTRATION FORM

<b>1. Course Details</b>	
<b>ASA/UKCC Level 1 Aquatics</b>	<b>Dates:</b>
<b>Venue:</b> PLEASE STATE	PLEASE STATE

<b>2a. Participants Details</b>		
<b>Name</b>	<b>D.O.B</b>	<b>Age</b>

<b>2b. Address:</b>

<b>CONTACT NUMBER:</b>

<b>Post Code</b>							
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<b>Email address:</b>
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<b>2c. Gender</b>	
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<b>Male</b>	<b>Female</b>	
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<b>2d. Does the participant have any long term illness, health problem or disability?</b> IF YES, please state, e.g. learning disability / downes syndrome / cerebral palsy / Dyslexia etc. Please also provide any other additional information you feel necessary, e.g. wheelchair user / guide dog / etc.

<b>2e. Participants Medical Information</b>
Please give details of any important medical information that our staff should be aware of (e.g. epilepsy, asthma, diabetes,).

<b>3. Where did you find out about this course?</b> Please tick all that apply to you.					
Leisure Centre <input type="checkbox"/>	Website <input type="checkbox"/>	School <input type="checkbox"/>	Library <input type="checkbox"/>	Newspaper <input type="checkbox"/>	Other <input type="checkbox"/>

<b>4. Ethnic Origin</b> please state number (You do not have to complete this question but it will help us improve our service)				
<b>White</b>	<b>Mixed Race</b>	<b>Asian or Asian British</b>	<b>Black or Black British</b>	<b>Other Ethnic Group</b>
British	White & Black Caribbean	Indian	Caribbean	Chinese
Irish	White & Black African	Pakistani	African	Gypsy / Traveller
Other	White & Asian	Bangladeshi	Other	Other
	Other	Kashmiri		
		Other		

**Declaration:** I undertake to inform you of any changes in the information provided on this form.

**Data Protection:**  
 The information you provide on this form will be held on computer and paper files. Leeds City Council may from time to time send you information and offers about events and services provided by The Department of Learning & Leisure for promotional purposes. If you would like to receive such information please tick this box

**Cancellation / Re-programming / Change in Activity:**  
 Under exceptional circumstances, Leeds City Council reserves the right to change all or some of the above at short notice.

<b>Print Name</b>	<b>Signature</b>	<b>Date</b>