1. Application for Affiliation to Swim England XXXXX Region

Please complete all three sections of this form and return along with all accompanying documents to XXXX (update with appropriate email)

Section 1

|  |  |
| --- | --- |
| Name of proposed club (must include reference to geographical situation) |  |
| Name of main club contact |  |
| Main club contact address inc postcode |  |
| Main club contact telephone number & email address |  |

|  |  |
| --- | --- |
| Please provide a list of the facilities that the club will use. Please highlight the facility that will be regarded as the ‘main’ club facility. Please include postcodes for each facility. |  |

|  |  |
| --- | --- |
| Have you consulted with the operators that run the facilities you will use?If yes please give a brief outline of conversation that has taken place | Yes / No |
| For the facilities that you will use do any other clubs already operate out of them?If yes please name the club/s and explain how you will work with them | Yes / No |
| Have you consulted with these existing clubs?If yes please give a brief outline of any conversation that has taken place | Yes / No |
| Please indicate which aquatic activities the club intends to deliver? (This should also be reflected in your club constitution)*Please delete all those that are not applicable* | Swimming TeachingRecreational SwimmingCompetitive SwimmingMasters SwimmingOpen Water SwimmingPara SwimmingArtistic SwimmingDivingWater PoloLifesavingOther (please specify): |

Section 2

In order for the club to be considered for affiliation you must have completed the following information. Please indicate in the appropriate box:

|  |  |
| --- | --- |
| Is the proposed club constitution included with this application? *If No this application will not be considered* |  |
| Names of proposed Key officers in the club:1. Chairperson
2. Secretary
3. Treasurer
4. Welfare Officer (if applicable)
5. Head Coach / Teacher
6. Membership Secretary if different person from any of the above

*Please note the key officers highlighted in red above should not be related to one another* | 1.2.3.4.5.6. |
| Have you discussed the new affiliation of the club with your regional club officer? | Yes / No |

As part of affiliating to Swim England and XXXX Region the club needs to complete the required elements of Stronger Affiliation. Please indicate below that you have completed and attached the information required:

|  |  |
| --- | --- |
| **Element 5** | Approved club constitution |
| **Element 6** | Welfare Officer Statement of Compliance |
| **Element 7** | Chairperson Statement of Compliance |
| **Element 10** | Appropriate Risk Assessments for all activities to be delivered |

Section 3

By signing this application form the club agree to complete the remaining element to comply fully with Stronger Affiliation within 3 months of the club being granted affiliation. Without these elements being completed the club risk having their affiliation suspended:

|  |  |
| --- | --- |
| **Element 13** | The Club Personnel Report detailing relevant members within the roles of Governance, Technical Officials, Support and Competition positions and all Coaches and/or officials |

Please give a brief outline below (in no more than 500 words) why the region should consider your application for affiliation, the reasons leading to the club wanting to be affiliated and what benefits will you bring to the region and county if affiliated:

|  |
| --- |
|  |

**Please sign and date this application form and send it to XXXX**

|  |  |
| --- | --- |
| **Signed** |  |
| **Name** |  |
| **Date** |  |

Please be aware that by affiliating to Swim England, XXXX Region and associated county the club will liable to pay fees. The details of these fees can be obtained by emailing XXXX

***Office use only - yes/no***:

|  |  |
| --- | --- |
| *Constitution included* |  |
| *Application form signed* |  |
| *Key officer roles named* |  |
| *Facilities listed* |  |
| *Aquatic activity included* |  |
| *Facilities / clubs consulted* |  |
| *Regional club officer consulted* |  |
| *Welfare statement of compliance* |  |
| *Chairperson statement of compliance* |  |
| *Appropriate Risk Assessment* |  |