

Course Application Form (4)

For Tutor Courses



Please complete in full using block capitals

Course Details									
Certification					Conversion				
Course title:					Course code (Acronym):				
Optional units (✓) <small>(Lifesaving and First Aid Tutor only)</small>		Backboard Unit		Adrenaline Auto-Injection		Number of candidates:			
Course start date:		Theory exam date:			Practical exam date:				
Course Organiser:		Name: _____ Address: _____ _____ Postcode: _____ Contact details: _____							
Course Venue:		Name: _____ Address: _____ _____ Postcode: _____ Contact details: _____							
Despatch Address:		Name: _____ Address: _____ _____ Postcode: _____ Contact details: _____							
Invoice Address:		Name: _____ Address: _____ _____ Postcode: _____ Contact details: _____							
Purchase Order No:		<i>Note: A hard copy purchase order must accompany this form when invoicing a third party.</i>							
Do you wish to advertise your course on STA's website?							YES		NO
Tutor and Examiner Details									
Tutor Name:					Membership Number:				
Tutor Name:					Membership Number:				
Examiner Name:					Membership Number:				
Examiner Name:					Membership Number:				
Moderator Name: (if applicable)					Membership Number:				
Course Manuals									
No of Manuals Required:				No of Manuals Held:				Previous Course Reference:	
Note: <ul style="list-style-type: none"> ASA candidates attending STA (C) or STC (ST) courses require the STA Swimming Teaching Resource Manual @ £20.00. Additional manuals requested after despatch of original order will be subject to postal charges. Excess manuals will only be credited if returned in accordance with STA's Manual Return Policy. 									
IMPORTANT INFORMATION									
<ul style="list-style-type: none"> STA must be in receipt of this form 14 days prior to the course start date. Forms submitted thereafter will incur a late registration charge of £25.00. Course Organisers are responsible for paying the registration fees to STA and must complete the scheme of work overleaf in order for the course to be registered. On signing this form you confirm:- <ul style="list-style-type: none"> The facilities being used for the above course fully comply with the requirements of the Health & Safety at Work Act and the Equal Opportunities Act. I confirm that this course will run in accordance with the prescribed minimum number of hours, as set by STA. Immediately after the start of the course you will return:- <ul style="list-style-type: none"> STA Candidate Application Forms, fully completed and signed, for all candidates. Start of Course Declaration Form (CREGG) together with registration fees for all candidates. 									
Signature:					Date:				
Office Use Only:								Course Reference:	

Course Timetable

Course:				Start Date:			
Venue:				Number of Sessions:			
Organiser:				Total Contact Hours:			
	Date	Time	Topic (s)			C	P
1.							
2.							
3.							
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28.							
Signed:						Date:	

Notes:

1. To assist in planning moderation visits the Course Organiser should complete the above form for **ALL** courses and submit as part of the Course Application Form.
2. Tick columns C = classroom session; P = pool session, as appropriate.
3. HSE regulations for the First Aid at Work course dictate the minimum session time as 2 hours and the maximum number of weeks allowed for completion as 10.
4. If the course you are registering is a Revalidation Course, the Tutor, prior to the commencement of the course, must obtain copies from each candidate of an in-date qualification, identical to that being revalidated. If this evidence is not obtained and supplied to STA, a new certificate cannot be issued.