

# 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 (✓) (Lifesaving and First Aid Tutor only)	Backboard Unit	Adrenaline Auto-Injection		Number of candidates:
Course start date:	Theory exam date:		Practical exam date:	
Course Organiser:	Name: _____ Address: _____  Postcode: _____ Contact details: _____			
	Name: _____ Address: _____  Postcode: _____ Contact details: _____			
	Name: _____ Address: _____  Postcode: _____ Contact details: _____			
Purchase Order No:	Note: A hard copy purchase order must accompany this form when invoicing a third party.			
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:		
<b>Note:</b> • 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"> <li>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.</li> <li>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.</li> <li>On signing this form you confirm:-           <ul style="list-style-type: none"> <li>The facilities being used for the above course fully comply with the requirements of the Health &amp; Safety at Work Act and the Equal Opportunities Act.</li> <li>I confirm that this course will run in accordance with the prescribed minimum number of hours, as set by STA.</li> </ul> </li> <li>Immediately after the start of the course you will return:-           <ul style="list-style-type: none"> <li>STA Candidate Application Forms, fully completed and signed, for all candidates.</li> <li>Start of Course Declaration Form (CREGG) together with registration fees for all candidates.</li> </ul> </li> </ul>				
Signature:			Date:	
Office Use Only:				Course Reference:

# Course Timetable

<b>Course:</b>				<b>Start Date:</b>			
<b>Venue:</b>				<b>Number of Sessions:</b>			
<b>Organiser:</b>				<b>Total Contact Hours:</b>			
	<b>Date</b>	<b>Time</b>	<b>Topic (s)</b>			<b>C</b>	<b>P</b>
1.							
2.							
3.							
4.							
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26.							
27.							
28.							
<b>Signed:</b>					<b>Date:</b>		

## 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.