

Seminar Application Form

For IOS Continuing Professional Development Seminars

Please complete in BLOCK CAPITALS and return with payment

Delegate Name Mr / Mrs / Miss / Ms _____

Date of Birth _____

Home Telephone _____ Mobile / Work Tel _____

Address _____

Post Code _____

Email Address _____

Confirmations will be sent by email, unless no email address stated

Please tick if you would like to be informed of future courses/seminars running in your area

Seminar Title _____

Start Date _____ Venue _____

Voucher Number (Swim21/Licence) _____ IOS Number (if member) _____

Method of Payment Cheque Purchase Order Funded Space

Payment Enclosed £ _____ Funding Information _____

Please state any Health/Medical or Learning needs of which the Course Tutor should be made aware of

.....Continue overleaf

Courses may be cancelled if there are insufficient enrolments. If the course is cancelled a full refund will be issued
 I agree to abide by the General Rules and Conditions for the use of the Centre.
 I understand that I partake at my own risk. This booking is non-transferable
 Course fees may be refunded only in the event of illness/injury. (Doctors Certificate must be provided)
 Data Protection Act (DPA) – The IOS will process the data and hold the data securely in accordance with the Data Protection Act and the data will be used to administer you as an IOS delegate Your express written consent to hold this data is required under the DPA, which by signing this form you are providing.
 I Understand that the, Institute of Swimming it's agents & employees are not under any liability whatsoever in respect of personnel injury, loss or damage, whilst attending this centre.
 I agree to give my consent for an ASA photographer to take the photograph of those stated above for marketing purposes.
 (please tick here if you **do not** agree to have photographs taken)

Signed _____ Date _____

Cheques made payable to IOS
 Cheques should not be post dated
 Postal Applications will only be accepted with correct payment by cheque.
 Please don't send cash in the post.
 Postal Applications to be sent to:

FOR IOS CATEGORY 1 SEMINARS (ONLY):
 IOS SEMINAR APPLICATION
 Vikki Newbon, 18 Derby Square,
 Loughborough, LEICS, LE11 5AL

FOR scUK WORKSHOPS (ONLY):
 IOS APPLICATION FOR scUK WORKSHOP
 Lesley Burton 35 Granby Street,
 Loughborough, LEICS. LE11 3DU

OFFICE USE ONLY

Total Fee Received £ _____ Date Confirmation Sent _____ Processed by _____

Method of Payment Cash Card Cheque Full Funded Part Funded Website

