

# Certificate of Swimming Disability – Application Form



Surname: \_\_\_\_\_ Forename: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Sex: MALE/FEMALE (delete as appropriate)

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ASA Membership Number \_\_\_\_\_

Nature of Disability:

(Please state how the disability affects the ability to perform the stroke correctly)

\_\_\_\_\_

\_\_\_\_\_

Proof of Disability Enclosed ☐

## Data Protection Statement:

The ASA / British Swimming will use your personal data for the purpose of producing your Disability Certification and I understand that by submitting this form, I am consenting to receiving my Disability Certification by post, email, SMS/MMS, online or phone unless stated otherwise.

***Certification will only be given to swimmers with a permanent disability, not to swimmers suffering from short term incapacity.***

**Please return to:**  
Operations Department  
Pavilion 3, SportPark  
3 Oakwood Drive  
Loughborough  
Leicestershire LE11 3QF



