



## Squad Coach Application Form

Dear applicant,

Thank you for your show of interest in becoming part of 'Team DLSA!'

As teachers and coaches, we take our job very seriously. The skill of swimming offers so much more than just a fun form of exercise to the student. It offers challenges and goals that can build self-esteem, confidence and character. These personal qualities can be a foundation to guide this student through every step of their life.

We are looking for stable and motivated team members to join us, as we strive to achieve our own goals.

Selection will be a five-step process. Details of which are listed below.

Please take your time filling out this application form and ensure you return it to us before close of business on the date specified on page 4.

Once again, thank you for your show of interest.

Kindest regards,

Darren Lange  
Managing Director  
DLSA

### ***Team DLSA Selection Process:***

1. Application filled out and returned.
2. Interview.
3. Initial Selection.
4. DLSA Squad Coach Training Program.
5. DLSA Squad Coach Exam.

## **DLSA Squad Coach**

*The Information contained within this application will remain private and confidential to the managers of the DLSA.*

### **PERSONAL DETAILS:**

1. Name: \_\_\_\_\_ 2. Contact Number: \_\_\_\_\_
3. Address: \_\_\_\_\_ 4. Email: \_\_\_\_\_
- \_\_\_\_\_ 5. Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

6. What form of transport would you use to come to and from work?

Motor Vehicle      Push Bike      Walk      Public Transport      Other: \_\_\_\_\_

**QUALIFICATIONS:** *(Please enclose photocopies of all certifications.)*

7. Do you have a current Green License Coaching certification?      YES      NO

8. Do you have a current Blue Card child suitability card?      YES      NO

9. Please list any other current swimming orientated certifications you have acquired.

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10. Please any other qualifications you have acquired.

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**COACHING EXPERIENCE:**

11. Have you coached swimming at any other swim program before?      YES      NO *goto 15*

12. If YES, then where and for what duration?

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13. What ability levels did you coach?

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14. What squad sizes have you had experience with?

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15. Have you been involved in any School Swim Program?      YES      NO

16. What other experience do you have in dealing with children?

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17. Have you ever taken part in the DSLA Program as a student of a parent or a student?

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**PERSONAL SWIMMING EXPERIENCE:**

18. Did you ever compete in the sport of swimming? YES NO *goto 19*

19. If YES, at what level did you compete?

Social School Club State  
 National International Other: \_\_\_\_\_

20. Who was your main coach? \_\_\_\_\_

**PAST EMPLOYMENT HISTORY:** *(attach info on separate sheet if there is not enough room)*

21.

Position	Duties	Duration	Still Employed YES/NO

**FUTURE DIRECTION:**

22. Out of the following Aquatic Industry employment areas, which are the ones that interest you the most *(you may have more than one)*.

Infant/Toddler Learn-to-Swim Children's Learn-to-Swim Adult Learn-to-Swim  
 Mini/Junior Squad Swimming Competitive Squad Training  
 Adult/Masters Squad Training Aqua Aerobics Instructor  
 Pool Maintenance/Cleaning Other: \_\_\_\_\_

**REFEREES:**

23. Please provide at least 3 referees that would be happy to be contacted on your behalf.

	NAME	CONTACT #	RELATIONSHIP TO YOU
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

**MISCELLANEOUS INFORMATION:**

24. **PLEASE NOTE:** In the position of swimming instructor/coach you will be required from time to time to lift/maneuver swimmers and or pool equipment etc. Do you have any injury or illness that would prohibit you from performing such duties? YES NO

25. Please feel free to provide any further information you feel might assist your application, i.e. Why would you like to become a learn-to-swim teacher and what qualities do you feel you would bring to the DLSA program? (attach info on separate sheet if there is not enough room)

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I hereby proclaim that the information contained within the application is true and correct.

Dated: \_\_\_/\_\_\_/20\_\_\_ Signed: \_\_\_\_\_ Print Name: \_\_\_\_\_

*If you have any questions relating to this application please do not hesitate to contact our head office on (07) 4633 0444 or email us at [admin@dlsa.com.au](mailto:admin@dlsa.com.au).*

**Applications can be lodged in the following manner:**

<b>Post:</b> DLSA PO Box 9010 Toowoomba Qld, 4350	<b>In Person:</b> DLSA Wilsonton 30 Erin St Toowoomba	<b>Fax:</b> (07) 4633 0433
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Please return your application ASAP and you will be contacted within 14 days.