

SWIMMING for ACT people with disability

EXPO

EXPRESSION OF INTEREST FORM

Thank you for expressing your interest in being involved in Swimming ACT's Swimming for ACT People with Disability EXPO. Please provide your details so we can add you to our network and keep you informed of upcoming initiatives.

CONTACT DETAILS

First Name		Last Name	
Mailing Address			
Suburb		State	Post Code
Phone		Mobile	
Email			

ADDITIONAL INFORMATION

<p>Are you a:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Swimmer <input type="checkbox"/> Coach <input type="checkbox"/> Learn to Swim Teacher <input type="checkbox"/> School Teacher <input type="checkbox"/> Parent <input type="checkbox"/> Carer <input type="checkbox"/> Case Worker <input type="checkbox"/> Club Administrator/Volunteer <input type="checkbox"/> Swimming Technical Official <input type="checkbox"/> Other 	<p>Do you represent a group or organisation:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Swimming Club <input type="checkbox"/> Learn to Swim School <input type="checkbox"/> Aquatic Facility <input type="checkbox"/> Disability Organisation <input type="checkbox"/> Community Group <input type="checkbox"/> School <input type="checkbox"/> None <input type="checkbox"/> Other
<p>If you represent a group or organisation please provide details. (Organisation/group name, location, phone number, brief description)</p>	
<p>Are you a person with disability? Yes No Do you have experience dealing with people with disability? Yes No</p>	
<p>Are you interested in:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Learn to swim or finding a swim school <input type="checkbox"/> Club swimming or finding a club <input type="checkbox"/> Learning about inclusion <input type="checkbox"/> Coaching swimmers with disability <input type="checkbox"/> Teaching people with disability to swim <input type="checkbox"/> Competition <input type="checkbox"/> Participation <input type="checkbox"/> Seeking new members/patrons with disability <input type="checkbox"/> Volunteering <input type="checkbox"/> Becoming an official <input type="checkbox"/> Becoming a coach <input type="checkbox"/> Becoming a learn to swim teacher <input type="checkbox"/> Delivering swimming/aquatic programs in your organisation <input type="checkbox"/> Classification <input type="checkbox"/> Other 	<p>Are you the participant? Yes No</p> <p>If no, how many participants do you represent? _____</p> <p>If you or your participant have a disability please indicate what type:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Functional/physical <input type="checkbox"/> Vision impairment <input type="checkbox"/> Hearing impairment <input type="checkbox"/> Intellectual impairment <input type="checkbox"/> Transplant recipient or awaiting transplant <input type="checkbox"/> Other
<p>Questions/comments about the EXPO?</p>	

Declaration:

I understand that the information I have provided will be used to assist the planning and preparation of Swimming ACT inclusive swimming initiatives and I confirm that all information provided is true and correct. I accept that I may receive information, correspondence or promotions from Swimming ACT, its stakeholders or Sponsors.

I agree to the terms in the declaration above

Please return completed form to Swimming ACT. Fax: 02 6230 1007 Email: officemanager@swimmingact.com.au