

## **Disability Swimming Fund**

## **Swimmer information**

(to be completed by the swimmer or their representative)
Online version available - click here

| Surname  | insert here                       |             |       |             |  |
|--|-----------------------------------|-------------|-------|-------------|--|
| Given name/s   | insert here                       |             |       |             |  |
| Gender   | Female Male Ethnicity insert here |             |       |             |  |
| Date of birth<br>(DD/MM/YY)  | insert here                       |             |       |             |  |
| Address  | insert here                       |             | Email | insert here |  |
|  |                                   |             | Phone | insert here |  |
| Nature of impairement/<br>disability?                                  |                                   | insert here |       |             |  |
| Parent or guardian's name  |                                   | insert here |       |             |  |
| Applicant's relationship to swimmer?                                   |                                   | insert here |       |             |  |
| What are you hoping to achieve through swimming/time in the water?     |                                   |             |       |             |  |
| insert here  |                                   |             |       |             |  |
| How many times do you swim per week?                                   |                                   |             |       |             |  |
| insert here  |                                   |             |       |             |  |
| Do you train with a coach or club? If so, who? If not, do you want to? |                                   |             |       |             |  |
| insert here  |                                   |             |       |             |  |
| Do you compete or train in any other sport/s? If so, what sport/s?     |                                   |             |       |             |  |
| insert here  |                                   |             |       |             |  |

Application forms are to be submitted via email to **dsf@swimming.org.nz** 



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## Application information (and supporting documents)

| Swim school provider name  | insert here |
|--|-------------|
| Swim teacher name  | insert here |
| Session setting and number of sessions (large group, small group, private) | insert here |
| Have you applied to SNZ before?  | Yes No      |
| Total cost   | insert here |
| Quote attached?  | Yes No      |
| Is a personal contribution possible?                                       | Yes No      |
| Is this application for equipment?   | Yes No      |
| What is the equipment and what is the intended use?                        | insert here |
| Cost of equipment  | insert here |
| Quote attached?  | Yes No      |
| Have you already purchased the equipment?                                  | Yes No      |

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