

## Swim Wales Disability Talent Day

Have you been inspired by the Paralympics Games? Do you think you could compete as a Disability Swimmer? If yes, fill in the form and send it back to us.

NAME:	_____	DATE OF BIRTH:	_____
GENDER:	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		_____
HOME ADDRESS:	_____	TELEPHONE:	_____
	_____	MOBILE:	_____
	_____	EMAIL:	_____
POSTCODE:	_____	SWIM CLUB / SWIM SCHOOL:	_____

PRIMARY IMPAIRMENT  PHYSICAL  VISUAL  HEARING  INTELLECTUAL

(PLEASE TICK ONE):

DISABILITY DETAILS

e.g. CP HEMIPLEGIA:

\_\_\_\_\_  
\_\_\_\_\_

IS THIS AN ACQUIRED DISABILITY:

YES  NO

IS THIS PROGRESSIVE:

YES  NO

ADDITIONAL IMPAIRMENT

(PLEASE TICK ONE):  PHYSICAL  VISUAL  HEARING  INTELLECTUAL

IS THIS AN ACQUIRED DISABILITY:

YES  NO

# Disability Talent ID Form



## SWIMMING ABILITY

Please indicate your level of swimmer ability:	Learn to swim <input type="checkbox"/>	Club name:	
	Lane swimmer <input type="checkbox"/>		
	Club swimmer <input type="checkbox"/>	Are you a member of Swim Wales?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Age learnt to swim:		No of times per week:	
No of hours swimming per week:		Distance per training session:	

Can you swim 25m or more in each of these swimming strokes?

Where possible please also provide your 50m best times

	Y/N	Personal best 50 times
Freestyle		
Backstroke		
Breaststroke		
Butterfly		

### Data Protection Statement:

Swim Wales will use your personal data for the purpose of your involvement in Disability Swimming and I understand that by submitting this form, I am consenting to receiving information about Disability Swimming by post, email, SMS/MMS, online or phone unless stated otherwise.

If the swimmer is under the age of 18yrs this form should be completed and returned by the parent or person in 'Loco Parentis' however must still be signed by the swimmer below. Your information may be shared with an ASA/WASA/SASA Region/Home Country.

If you do not wish for this information to be shared please tick this box

# Disability Talent ID Form

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SWIMMER SIGNED:

NAME:

DATE:

'LOCO PARENTIS'

SIGNED:

NAME:

DATE:

\_\_\_\_\_

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