



**UANA COACHES
EDUCATION AND CERTIFICATION
PILOT PROGRAM
APPLICATION FORM**

**Name of Host Federation(s) or
Club** _____

Name of Host Federation Leader/Primary Contact

Email Address _____

Phone Number _____

**Level of Course requested (Beginner, Intermediate, or
Advanced)** _____

Requested Dates of Course/Clinic: _____

Estimated Number of Coaches to Attend Course

Federation(s) or Club Agreement:

I _____ on behalf of the _____ Federation (s) or
Club(s) agree to the following terms and responsibilities:

- 1. Complete pilot Program application form and send (via e-mail) to: Rose
Cody UANA TSSC Chair at: rosecodypagan@gmail.com and to Leslie
Sproule UANA Coach Subcommittee Chair at: sproule@telusplanet.net.**

2. Agree to pay the cost of:

- a. Airfare for the Coach mentor/Clinician (cost estimate = \$1,500.00 USD– cost will vary based on location of coach mentor and Federation)**
- b. Hotel, food for Coach Mentor during Course/Clinic (cost estimate = \$1,500.00 USD – cost will vary based on location)**
- c. Guidelines for Honorarium for Course/Clinic/mentoring = \$1,500 - \$2,500.00 USD pending experience and qualifications (covers course preparation, course delivery and follow up mentoring).**

3. Prior to the Course the Federation (s) or Club agrees to provide:

- a. Facility information for classroom and pool sessions**
- b. Hotel information for coach mentor/clinician**
- c. Method of payment of honorarium to Coach mentor upon completion of the course/clinic (Bank transfer or cash)**

4. Agree to submit the following after the course/clinic completion:

- a. Evaluation report and recommendations**
- b. Actual expenses (and scanned receipts)**
- c. Request (if any) for a follow up course/clinic with preferred dates.**

Signature of Federation or Authorized Representative: _____

Date: _____