



Swimming Australia Ltd

Recognition of Current
Competency

**Silver Licence Coach
User Application Kit**

SAL RCC Application Form – SILVER

PART A – Personal Information

Name:

Swim club/team:

Position:

Address:

City: _____ State: _____ Post code: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

PART B – Experience Gained

This section will provide your assessors with an overview of the experience you have gained. In Part C you will be asked to focus in on experience that relates to the learning outcomes of the **SILVER** Coaching Course and to present evidence of your experience.

1. Work experience (if applicable)

Please complete the following in relation to your work experience, either full-time or part-time, including any voluntary or unpaid work.

Begin with your present position followed by the next most recent job and so on.

Present work:

Present employer:

Current position:

Duties:

Previous work:

Name of employer:

Your position:

Duties:

(Please provide extra sheets if the space provided is insufficient)

PART C – Modules Claimed

I intend to apply for RCC in the **SILVER** Coaching Course, in the following units:

Unit:	RCC Claimed YES/NO
Unit One: Talent Identification and Development	
Unit Two: Mechanics of Swimming	
Unit Three: Application of Training Principles	
Unit Four: Drills and Performance Enhancing Skills	
Unit Five: Mental Skills Training	
Unit Six: Nutrition and Health	
Unit 7: Coaching Professionalism and Welfare	

PART D – Unit Applications

This section contains separate application forms for each unit. The application forms are intended for use as both a self-assessment form and as a cover page(s) for the required evidence.

The completed unit applications as outlined below, ***with attached evidence*** will make up your portfolio of assessment.

Organising and labelling evidence

Please insert any evidence that you wish to submit after the applicable unit application form.

For each item of evidence, you need to work out which of the learning outcomes it relates to. This should be indicated in the appropriate place on the module application form, as well as on the evidence.

For some items of evidence it may be appropriate to indicate which part of the item is relevant to which learning outcome. Make sure that you have clear references in each of your applications to any relevant evidence (see unit application form over the page), so that assessors can easily locate it.

If you don't have primary evidence (certificates, letters, examples of sessions etc) that you can submit to substantiate your claim, but consider that you could demonstrate your competence to assessors, please make a note to that effect.

SWIMMING AUSTRALIA LTD – SILVER COACHING ACCREDITATION

RCC UNIT APPLICATION FORM

(Please complete the form for **all units** that you have outlined you are applying for RCC for).

Unit 1	Talent Identification & Development
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Learning Outcomes:	Summary of Evidence
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<p>Upon successful completion of this unit, the coach will be able to:</p>	<p><i>Follow the procedure below for all learning outcomes</i></p>
	<p>Place a number in this column that relates to the piece(s) of evidence relevant to this learning outcome.</p> <p>For example, if you have gathered evidence, which includes a level 2 NCAS qualification in another sport and a sports coaching degree, you may have labeled them items 1 and 3. In this instance, write 1 and 3 in this column to allow the assessors to check this evidence against the learning outcome.</p>
<p>Learning Outcome 1:</p> <p>Utilise the key principles of talent identification and implement assessment strategies</p>	

Unit 2	Mechanics of Swimming
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Learning Outcomes:	Summary of Evidence
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<p>Learning Outcome 1:</p> <p>Apply the mechanical principles underlying the development of efficient stroke technique and conduct training sessions to develop efficient competitive strokes including starts, turns and finishes</p>	
<p>Learning Outcome 2:</p> <p>Analyse stroke technique in the performance of state level swimmers during competition, with attention to the components of each stroke, and implement improvement strategies</p>	

Unit 3	Application of Training Principles
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Learning Outcomes:	Summary of Evidence
<p>Learning Outcome 1: Apply the principles of training to the conditioning of swimmers (Progressive overload, stress, recovery, adaptation to training, and periodisation) need an advancement on this</p>	
<p>Learning Outcome 2: Implement techniques to improve flexibility, power, endurance, speed and agility</p>	
<p>Learning Outcome 3: Promote recovery through improved techniques in the adaptation to training</p>	
<p>Learning Outcome 4: Adapt training sessions to suit prevailing conditions</p>	
<p>Learning Outcome 5: Implement training programs for different swimming events - sprinting, middle distance and distance (including open water)</p>	

Unit 4	Drills & Performance Enhancing Skills
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Learning Outcomes	Summary of evidence provided
<p>Learning Outcome 1: Plan and conduct training sessions for state level swimmers</p>	
<p>Learning Outcome 2: Implement appropriate race performance strategies</p>	

Unit 5**Mental Skills Training****Learning outcomes:****Summary of evidence provided**

Learning Outcome 1: Identify the specific needs of various age groups while participating in competitive swimming	
Learning Outcome 2: Understand that each swimmer is different and implement strategies to cater for individual psychological needs including age, maturation levels and gender	
Learning Outcome 3: Implement goal setting strategies for the various stages of a swimming season	
Learning Outcome 4: Utilise psychological skills to enhance performance	
Learning Outcome 5: Acknowledge when there may be a need to access a professional psychologist and know where to go to access it	

Unit 6**Nutrition & Health****Learning outcomes:****Summary of evidence provided**

Learning Outcome 1: Implement drug educational strategies with their swimmers	
Learning Outcome 2: Implement nutrition and dietary educational programs for swimmers in training and competition	

Learning outcomes:

Summary of evidence provided

Learning Outcome 1: Identify the means of gaining professional assistance appropriate to the needs of the competitive swimmers	
Learning Outcome 2: Establish a personal career and lifestyle management pathway	

Payment Form

All RCC applicants are required to complete the entire form and pay the \$130 administration fee.

Amount payable: \$ _____

Cheque/money order enclosed payable to: **Swimming Australia Ltd.**

Charge my credit card: Visa Mastercard Bankcard

Card no: _____/_____/_____/_____ Expiry date: _____

Name on card: _____ Signature: _____

Please submit the RCC Application Form with all the evidence and payment to the:

Education & Development Unit
Swimming Australia Ltd
PO Box 3286
Belconnen, ACT 2617

Fax: (02) 6219 5606

Please contact SAL if you have any questions about your RCC application:

Phone: (02) 6219 5600

Email: swim@swimming.org.au

Please Note

If submitting this application to a State affiliate please ensure that the cheque, money order or credit card payment is made payable to the correct organisation and is posted to the correct address. It is advisable to contact the state association prior to submitting your application for correct payment details

Swimming Australia Ltd

Recognition of Current Competency

RCC Assessor Information and Assessment Sheets

Silver Licence Coach

Name of candidate: _____

Organisation: _____

RCC Claimed:

Application for recognition in the SAL SILVER Coaching certificate in the following units are:

Claimed

Granted

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Talent Identification and Development |
| <input type="checkbox"/> | <input type="checkbox"/> | Mechanics of Swimming |
| <input type="checkbox"/> | <input type="checkbox"/> | Application of Training Principles |
| <input type="checkbox"/> | <input type="checkbox"/> | Drills and Performance Enhancing Skills |
| <input type="checkbox"/> | <input type="checkbox"/> | Mental Skills Training |
| <input type="checkbox"/> | <input type="checkbox"/> | Nutrition and Health |
| <input type="checkbox"/> | <input type="checkbox"/> | Coaching Professionalism and Welfare |

Assessor Report

Unit 1: Talent Identification & Development

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Utilise the key principles of talent identification and implement assessment strategies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's recommendations:

Assessor Report

Unit 2: Mechanics of Swimming

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Apply the mechanical principles underlying the development of efficient stroke technique and conduct training sessions to develop efficient competitive strokes including starts, turns and finishes	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Analyse stroke technique in the performance of state level swimmers during competition, with attention to the components of each stroke, and implement improvement strategies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's comments:

Recommendations:

Assessor Report

Unit 3: Application of Training Principles

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Apply the principles of training to the conditioning of swimmers (Progressive overload, stress, recovery, adaptation to training, and periodisation) need an advancement on this	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Implement techniques to improve flexibility, power, endurance, speed and agility	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Promote recovery through improved techniques in the adaptation to training	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<p>4. Adapt training sessions to suit prevailing conditions</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	
<p>5. Implement training programs for different swimming events - sprinting, middle distance and distance (including open water)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's recommendations:

Assessor Report

Unit 4: Drills and Performance Enhancing Skills

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Plan and conduct training sessions for state level swimmers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Implement appropriate race performance strategies	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's comments:

Recommendations:

Assessor Report

Unit 5: Mental Skills Training

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Identify the specific needs of various age groups while participating in competitive swimming	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Understand that each swimmer is different and implement strategies to cater for individual psychological needs including age, maturation levels and gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. Implement goal setting strategies for the various stages of a swimming season	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

4. Utilise psychological skills to enhance performance	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Acknowledge when there may be a need to access a professional psychologist and know where to go to access it	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

- YES
- NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's recommendations:

Assessor Report

Unit 6: Nutrition & Health

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Implement drug educational strategies with their swimmers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Implement nutrition and dietary educational programs for swimmers in training and competition	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's comments:

Recommendations:

Assessor Report

Unit 7: Coaching Professionalism & Welfare

RCC Granted:

YES / NO

Learning Outcomes:	Evidence Supplied	Validity (Is the evidence relevant to the learning outcome)	Sufficiency (Is there enough evidence?)	Authenticity (is the evidence a true reflection of the candidate)	Current (is the evidence recent? obtained within the last four years?)	Comments:
1. Identify the means of gaining professional assistance appropriate to the needs of the competitive swimmers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2. Establish a personal career and lifestyle management pathway	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

All learning outcomes for this unit met: (please tick)

YES

NO (please provide advice to the applicant of what evidence they are still required to supply)

Date of Assessment:

Name of Assessor:

Contact number:

Assessor's comments:

Recommendations:

SAMPLE Letter to a RCC Applicant

<<Name>>
<<address>>

Dear <<name>>

Thank you for your inquiry with regards to Recognition of Current Competency (RCC) for the SAL SILVER Coaching Certificate. Please find enclosed the Information Kit and Application form for RCC.

The Information Kit provides step-by-step guidelines to assist you with applying for RCC. You will first need to conduct a self-assessment against the learning outcomes within each unit of the course, to check whether you can provide evidence to show that you are already competent in these units.

If you wish to proceed with the application, please forward the Application Form along with all the necessary documentation of evidence directly to Swimming Australia Ltd. An administration fee of \$130.00 applies to all RCC applications.

Successful RCC applicants will receive an SAL Silver Swimming Coaching Certificate and will be placed on the SAL coaching database.

Please contact SAL on (02) 6219 5600 if you require further information about the RCC application process.

Yours sincerely

<<Name>>
<<Position>>

NOTIFICATION OF RECEIPT OF RCC APPLICATION

<<Name>>
<<address>>

Dear <<name>>

This is to advise you that your application for Recognition of Current Competency in the SAL SILVER Coaching Certificate been received and is currently under consideration.

The RCC process usually takes up to 4 weeks to complete. If a meeting or tele-conference is required, you will be contacted

Yours sincerely

<<Name>>
<<Position>>

NOTIFICATION OF RESULT OF RCC APPLICATION

<<Name>>
<<address>>

Dear <<name>>

SAL wishes to advise you that your application for Recognition of Current Competency in the SAL SILVER Coaching Certificate has been <<successful/unsuccessful or partly successful>>.

A copy of the RCC Assessment Panel's report is enclosed.

Yours sincerely

<<Name>>
<<Position>>