

Expression of interest to participate in future

WPS education courses

World Para Swimming would like to thank you for your interest in participating in our education courses. We kindly ask you to submit the below fully completed form including any necessary attachments to ipcsummersports@paralympic.org and we will get back to you shortly with further information and opportunities to attend any forthcoming education courses. You can also find more information on the [World Para Swimming education website](#).

What type of education would you like to receive?

- Technical Official, or
- Classifier for athletes with Physical Impairments (PI), or
- Classifier for athletes with Intellectual Impairments (II), or
- Coaching

If you have experience as a Technical Official, Classifier or Coach please list your experience below (e.g. competitions officiated at, type and number of athletes classified):

Please write down your details:

| | | |
|---|---|------------------------------|
| Last name: | | |
| First name: | | |
| Gender: | | |
| Nationality: | | |
| Date of Birth: | | |
| Full address: (street, city, ZIP code, country) | | |
| Email address: | | |
| Mobile phone number: | | |
| Native language: | | |
| Are you proficient in English (written and spoken)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| What is your profession? | | |
| Your qualifications (e.g. university degree, professional certifications): | | |
| Documents attached to this form: | <input type="checkbox"/> Medical Certification or Technical Certificates | |
| | <input type="checkbox"/> Classification, Technical Officiating, Coaching Certificates (able-bodied or Para swimming) | |
| | <input type="checkbox"/> Any other relevant certificates | |

Please return your nomination form to:

By email: ipcsummersports@paralympic.org

By fax: +49 228 2097 209