



ASA Reference Form



Name	
Address	
Date of Birth	
How long have you known this person?	
In what capacity?	
In your opinion is this person suitable to work with children and young people?	Yes/No (please delete as appropriate)
If yes, please could you comment on their skills?	
Their ability to work, and form appropriate relationships with children?	
If no, please can you say why?	



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Can you comment on the following as poor, good or excellent?

Able to stay calm with children and young people	
Able to motivate children?	
Coaching skills?	
Administrative skills?	
Trustworthiness?	
Reliability?	
Honesty?	
Any other comments?	
Are you currently involved in swimming and if so, in what capacity?	

Please complete your details below.

Name	
Address	
Telephone Number(s)	
Signed	
Date	

