



**WORLD CLASS SWIMMING PROGRAMMES  
INDIVIDUAL ATHLETE SUPPORT SCHEME  
CLAIM FORM**

**Office Use Only**

Amount Approved: £.....

Budget Code: .....

Approved By: .....

Signature: .....

**PERSONAL DETAILS**

ATHLETE NAME: .....

COACH: .....

CLUB: .....

**CLAIM**

Details Of Claim:.....  
.....  
.....

**TOTAL AMOUNT CLAIMED: £.....**

Receipts or invoices showing VAT (where applicable) must be attached for all items claimed

**BANK DETAILS**

ACCOUNT NAME: .....

BANK NAME: .....

BANK ADDRESS: .....

ACCOUNT NO: ..... SORT CODE:.....

**ATHLETE SIGNATURE:** .....

**COACH SIGNATURE** .....

**DATE OF CLAIM:** .....

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**PLEASE RETURN TO:  
SYLVIA ARMIGER, BRITISH SWIMMING, MEDWAY BUILDING, LOUGHBOROUGH UNIVERSITY,  
LEICESTERSHIRE, LE11 3TU**