Please complete this form and return it to Jane Smith, Performance Services Officer (jane.smith@swimming.org) for receipt no later than **5pm on 9th April 2019.**

Completion of this form is by no means any guarantee of selection. Swimmers completing this form are asked to read the selection policy for the event in full before submitting.

|  |  |
| --- | --- |
| **Name** |  |
| **Date of birth** |  |
| **Address** |  |
| **Email contact** |  |
| **Phone contact** |  |
| **University, course, year of study** |  |
| **Main event (pool swimmers)** |  |
| **Club** |  |

Please tick the box to indicate you understand the selection policy and eligibility criteria

|  |  |
| --- | --- |
| I have read and fully understood all aspects of the Selection Policy, and acknowledge that failure to comply with any of the Selection Policy conditions could result in my non-selection or withdrawal from the selected team.  |  |
| I have read and understood the BUCS eligibility criteria for the event. |  |