

SWIM IRELAND MEET LICENCE APPLICATION FORM – PART ONE

Category of Meet applied for	
Name of Organising Body	
Date(s)	
Venue	
Length of Pool	
Electronic Timing*	
Qualified Officials	
No. of lanes	
Proposed Session Times	
Warm up times	
Level of swimmers competing e.g International, National, Regional, Masters Graded, Beginners/Novice	
Purpose of Meet e.g. qualifying, fund raising etc.	
Proposed Distance & events	
Applicant's Name	
Please tick to acknowledge you have carried out a suitability checklist (provided in part four)	
Position within Club/Region	
For Office use ONLY :	
Date Received	
Date processed and Licence Granted	
Category of Licence and Licence No.	

*NB – if Electronic Timing is not in use, times will not be accepted for qualifying for National or International Meets

PART TWO – EVENT DETAILS
TO BE SUBMITTED WITH APPLICATION

Name of Event.....

Please ensure you include the following information with your application and within your meet conditions and please tick to highlight it is included:

1.	Proposed Schedule of events, including when presentations will take place	
2.	Length of Sessions. (Maximum of 8 hours per day)*please see best practice guidelines	
3.	Copy of Meet Conditions	
4.	Acceptance Criteria for Entries	
	a) Entries restricted to certain clubs or geographical area.	
	b) First come, first served - except Level 1	
	c) Top (x) number taken in each event based on submitted times,	
	d) First acceptances from a particular area, then remaining places filled	
	e) ALL entries accepted	
5.	Upper and Lower qualifying standards to reflect the level of the meet (if applicable)	
6.	Method of setting qualification and upper limit standards.	
	a) Use of software package to set qualifying times/ Graded tables	
	b) Exclusion of swimmers who have competed in other competition (National/Region)	
	c) Other	

AGES GROUPS IN USE. Tick as appropriate

8 Years & Under	9 Years	10 Years	11 Years	12 Years	13 Years
14 Years	15 Years	16 years	17 Years	18 Years	Open
Masters	OTHER				

EVENTS TO BE SWUM. Tick as appropriate

50m Free	50m Back	50m Breast	50m Fly
100m Free	100m Back	100m Breast	100m Fly
200m Free	200m Back	200m Breast	200m Fly
400m Free	800m Free	1500m Free	800/1500-Male/Female
100m IM	200m IM	400m IM	Skins

AWARDS: Individual Other.....

ANY OTHER INFORMATION. i.e Well respected meet in its 20th year etc.

PART THREE – EVENT ORGANISATION DETAILS
TO BE SUBMITTED WITH APPLICATION

Please refer to Guidance notes before submitting an application

Please complete clearly in BLOCK CAPITAL Letters (except email address)

Name of Promoting Club/ Region				
Name of Competition – as advertised				
Category of Meet- Please tick	<u>Category 1</u>	<u>Category 2</u>	<u>Category 3</u>	
Dates of competition/ venue and pool length Results must be submitted with a separate license number. Therefore please use a different line for each week. 2 days over one weekend will be allocated one number so may be listed together.	<u>Date</u>	<u>Venue</u>		<u>Pool Length</u>
Name of Meet Management Software				
Name of Electronic Timing (where appropriate)				
Main point of contact: Full Name				
Address				
Telephone Number				
Email Address				
Name and E-mail address of the Lead Referee			Qualification:	
Name of other Referee (if applicable)			Qualification:	
Name of Starter			Qualification:	

HY-TEK RESULTS MUST BE EMAILED TO the SI office and recorder WITHIN 14 WORKING DAYS OF THE MEET

I agree that all particulars above are correct and I will ensure results are submitted in accordance with instructions.

I enclose a copy of the competition conditions and schedule of events. Please return to

Signed.....Date.....

FOR USE OF NATIONAL LICENSING OFFICER

Date Received.....

Recommended /Not Recommended.....

**PART FOUR –SUITABILITY CHECKLIST
TO BE SUBMITTED WITH APPLICATION**

	Yes	No
POOL & SURROUNDING AREA		
Is the pool length a minimum of 25m?		
Is there a minimum of 4 lanes?		
Is the minimum depth of the proposed start end 1.35m?		
Is the minimum depth of the rest of the pool 1m?		
Are there suitable lane ropes available (i.e. anti-turbulence ropes)?		
Are there backstroke flags secured 5m from the wall at each end?		
Do you have diving blocks, or the facilities to fix diving blocks to the bank?		
Do you have facilities to fix electronic timing pads to the walls (<i>not completely necessary for club competitions</i>)?		
Has the pool area been checked for hazards – e.g. broken/loose tiles, protruding objects (lane rope fixings), areas where water pools?		
Is there sufficient lighting in the pool area?		
Do you have a suitable space poolside for the recorders table and electronic timing operator if using?		
Do you have a suitable place to line up swimmers for their events?		
Do you have access to a number of chairs/benches for timekeepers/line up?		
CHANGING ROOMS		
Is there sufficient lighting in the changing areas?		
Have they been checked for hazards – e.g. broken/loose tiles, areas where water pools, cleaning chemicals left lying around?		
OTHER		
Do you have an adequate spectator/athlete/coach area?		
Do you have/have access to adequate and secure car park facilities?		
Have you discussed Emergency Evacuation procedures with the venue?		
Do you know where the first aid kit is or who is responsible for first aid in the venue?		
Have you familiarized yourself with the Swim Ireland Safety Codes of Practice (available on the Swim Ireland website)?		
Do you have a contract with venue around the event?		

PART FIVE - OFFICIALS LIST

TO BE SUBMITTED WITH RESULTS WITHIN 14 DAYS OF COMPETITION

This form will assist in planning for your meet. Roles in Yellow are minimum requirements at Club Level; other roles are advised to be used when possible. ALL roles bar those in green are required at Regional Level.

Please complete this form and submit to SI with your competition results. Please use additional pages for Turn Judge & Timekeepers if required

ROLE	Name of Official	CLUB	Qualification	SI Reg No.
Referee 1				
Referee 2 (if applicable)				
Starter				
Recorder/Event organization/IT				
Meet Director				
Stroke Judge 1				
Stroke Judge 2				
Control Room Supervisor				
Chief Inspector of Turns				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Turn Judge				
Chief Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Timekeeper				
Call Steward				

PART SIX– REFEREE’S REPORT
TO BE SUBMITTED WITHIN 14 DAYS OF COMPETITION

Should be returned by the referee to competitions@swimireland.ie

Meet Name:	
Host Club:	
Venue:	
Date:	
Organiser:	

	COMMENTS
Equipment: Starting Blocks, False Start mechanism, Anti-turbulence lane ropes, Backstroke Turn indicators	
Announcements/Acoustics: Clarity, Safety announcements: made before each warm-up and session.	
Warm-Up: Adequate provision and marshaling.	
Electronic Timing: Indicate type and any issues.	
General Organisation: Competence of Staff	
First Aid: Adequate provision for and recording of accidents/incidents.	
Officials –Sufficient numbers and qualifications appropriate to relevant Meet level requirements	
General- Air Temperature & humidity. Poolside refreshments provided	
Challenges Addressed	

Length of Sessions (hours & minutes)

1)	2)	3)	4)
5)	6)	7)	8)

If total swimming in any day exceeds 8 hours please indicate any reasons for the excess periods. Please add any other relevant comments and/or general observations for the attention of the Meet Licensing Panel on an additional page

Referee Signature.....Print Name.....Membership No.....

PART SEVEN – REFEREE’S CHECKLIST
TO BE SUBMITTED WITHIN 14 DAYS OF COMPETITION

Should be returned by the referee to competitions@swimireland.ie

Check	For	Session 1	Session 2	Session 3	Session 4
Lane Ropes	Securely fixed. No loose wires or cable ends.				
Starting Blocks	Securely fixed. Pressure Pads tight.				
Touch Pad	Securely fixed in the correct position.				
Exposed Cables	Covered by mats or cable mats to avoid trip hazards.				
Start System	Strobe Light in position.				
False Start Rope	In position & Secure				
Backstroke Flags	In position and secure				
Chairs for Swimmers	In position				
Chairs for Officials	In position				
Competition PA System	Operational				
Meeting Rooms available.	Accessible				
Meeting Rooms equipped.	As required				
Water Temperature	25 – 28 Degrees Celsius				
Pool Water Clarity	Should be clear & sparkling				

Date:	
Venue:	
Event:	
Referee signature:	
Referee (Print Name):	

*Note to Referee – please initial each box under the relevant session, and sign at end of competition.
 If your event contains more than 4 sessions please use additional pages and re-number*