



*In Partnership with Farnborough College of Technology*

[www.coachingsports.co.uk](http://www.coachingsports.co.uk)

## Coach Education Course Candidate Application Form and Coaching Profile

**Return this form to:-** Coaching Sports, PO Box 438, Farnborough, Hampshire, GU14 4BU  
Telephone: 01252 686363 Fax: 01252 686363

Cheques payable to: **Coaching Sports (No cash to be posted). Please write your name and course attending on the reverse of the cheque.**

Please complete all sections in BLOCK CAPITALS. This information will be used to register you with the awarding body 1st4sport Qualifications.

**\*Mandatory information.**

We will send you a receipt if you are successful in booking a place. We cannot accept telephone bookings.

**Confirmation of booking and a map of the venue will emailed to you two weeks before the start of the course.**

Payment must be made in full. If you withdraw from the FA Level 1 coaching course up to one week prior to commencement of the course you will forfeit the entire course fee. (unless a medical certificate is provided).

First name*		Title*	
Surname*			
Gender*	Male / Female	Date of Birth*	
Full Postal Address*			
Postcode*		Contact Telephone No.*	

**Disability**

Do you any learning difficulty or disability?      Yes / No

If yes, please state:

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## Coach Profile Information Course Details

Course applied for*			
Course start date*		Course fee attached	£
Course venue*		2 <sup>nd</sup> choice course code	

### Additional Personal Details

Email Address	
Mobile Telephone No.	
Club Name	
School Name	
Brief CV of coaching history and other coaching awards held	
CV summary of other relevant awards held <i>Teacher/other sport coaching awards/Unit D32/D33/A1 etc</i>	

### Declaration\*

I hold a current recognised Emergency First Aid Certificate	Yes / No*
I have completed the Child Protection Workshop	Yes / No*
I understand that the course I am applying for will require me to participate as a coach and player and I confirm that I am physically prepared to participate.	Yes / No*
I do not have any medical conditions that might restrict my ability to participate. <i>If you do consider that you have any medical condition, which might limit your participation, it should be noted separately and will be treated confidentially.</i> <i>I understand that no liability in respect of personal injury, loss or damage to personal effects is accepted by the course organisers, whilst attending the course.</i>	Yes / No*
Signature	Date

**Students under 19 on the first day of the selected course qualify for a reduced fee.  
A photocopy of proof of age must be sent with this form**