

STAFFORDSHIRE FA COURSE APPLICATION FORM 2010-11



Please complete as fully as possible in BLOCK CAPITALS

Coach Education Course Referees' Course Course Reference:

Applicant's Details

Name:

Address:

Postcode:

Home tel: Mobile tel:

Work tel: E-mail:

DoB: CRB Number:

Club / Organisation:

FACA Number (if applicable): FAN Number (if applicable):

Coaching Qualifications:

Safeguarding Children Workshop completed? YES / NO Expiry date:

Current First / Emergency Aid Certificate? YES / NO Expiry date:

Medical Details:

Injuries:

Are you a registered disabled person? YES / NO Registration number:

Nature of Disability:

Ethnic Origin

White: British or Irish **Mixed:** White & Black Caribbean White & Black African White & Asian

Asian or Asian British: Indian Pakistani Bangladeshi **Black or Black British:** Caribbean African

Chinese or Other: Chinese Other Ethnic Group (please specify):

Please note that bursaries are available from Sports Across Stoke and Trent and Staffordshire and also Local Authorities – if you think you may be eligible, please contact Staffordshire FA before completing and returning this form with payment.

Declaration

Please find enclosed a cheque/postal order for £..... payable to 'Staffordshire Football Association'.

I agree to abide by the course regulations and I understand that if I should wish to withdraw either before or after the commencement of the course, a refund will be given only in exceptional circumstances, and that neither The Football Association, the Staffordshire Football Association, nor their servants, agents or employees are under any liability in respect of injury, loss or damage, which I may sustain.

Signed: Name (please print):

Date: