



Staffordshire FA

Course Application Form 2009-10

Coach Education Course Referees' Course

Name:

Address:

Postcode:

Home tel: Mobile tel:

Work tel: E-mail:

Club / Organisation: Course Ref:

DoB: NI Number:

FACA Number (if applicable): FAMOA Number (if applicable):

Safeguarding Children Workshop completed? YES / NO Expiry date:

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

Coaching Qualifications:

Medical Details:

Ethnic Origin

White: British Irish **Mixed:** White & Black Carribean White & Black African White & Asian
Asian or Asian British: Indian Pakistani Bangladeshi **Black or Black British:** Carribean African
Chinese or Other: Chinese Other Ethnic Group (please specify):

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

Nature of Disability:

Please find enclosed a cheque/postal order for £..... payable to 'Staffordshire Football Association'.
If you wish to pay by credit/debit card, please note that a 2.5% surcharge will be incurred for credit card and a charge of 60p for debit card if paying over the telephone. If booking through Participant, please note that surcharges may differ.

Declaration

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:

Date:

Please return this completed form with course fee to: Jule Reynolds, Staffordshire Football Association Ltd, Dyson Court, Staffordshire Technology Park, Beaconside, Stafford, ST18 0LQ. For more information, contact Jule.Reynolds@StaffordshireFA.com