



Coach Education Booking Form

Course Application Form 2009-2010



Title		Gender	Female / Male (please circle)
First Name(s)		Home Tel	
Surname		Mobile Tel	
Address		Work Tel	
		Email	
Postcode		Date of Birth	

Club / Organisation:

Coaching Qualifications:

Safeguarding Children Workshop completed? YES / NO Expiry date:

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

(FA, St John's or HSE approved)

Ethnic Origin: (please Circle)

White:	White British	White Irish	White other		
Mixed:	White and Black Caribbean	White and Black African	White and Asian		
Black:	Black Caribbean	Black African	Black other		
Asian:	Indian	Pakistani	Bangladeshi	Chinese	Asian Other
Other Ethnic Group (please specify);					

Are you a registered disabled person? YES / NO

Registration number:

Nature of Disability:

Medical Details: (please include any medication being taken or Injuries):

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Please book me on the following Course(s)			
Code	Course	Date(s) of Course	Cost (inc.VAT)
Total Fee Enclosed			

Please find enclosed a cheque/postal order for £..... payable to 'Derbyshire County Football Association'. **Please send the booking form to the address below, including a stamped addressed envelope.**

Declaration

I agree to abide by the course regulations and I understand that if I should wish to withdraw or transfer 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 Derbyshire County 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:**

OFFICE USE ONLY		
RECEIVED	PAID	INVOICE NUMBER