



**Coach Education Application Form**

Course Details

|                |                    |
|----------------|--------------------|
| Course number: | Course title:      |
| Course venue:  | Course start date: |

About You

|  |   |
|--|---|
| Full Name                                      |   |
| Address  |   |
| Postcode                                       |   |
| Telephone (home)                               |   |
| Mobile   |   |
| Email Address                                  |   |
| Date of Birth (DD/MM/YY)                       |   |
| Gender   | Male <input type="checkbox"/> Female <input type="checkbox"/> |
| Emergency Contact Name                         |   |
| Emergency Contact Number                       |   |
| Do you have any special needs or requirements? | Yes <input type="checkbox"/> No <input type="checkbox"/>      |
| If yes, please specify                         |   |

|   |   |  |
|---|---|--|
| Please tick the appropriate box to indicate your ethnic origin: |   |  |
| <input type="checkbox"/> White British                          | <input type="checkbox"/> White Irish                  | <input type="checkbox"/> Any other white background      |
| <input type="checkbox"/> Mixed white & black Caribbean          | <input type="checkbox"/> Mixed white & black African  | <input type="checkbox"/> Mixed white and Asian           |
| <input type="checkbox"/> Any other mixed background             | <input type="checkbox"/> Asian / Asian British Indian | <input type="checkbox"/> Asian / Asian British Pakistani |
| <input type="checkbox"/> Asian / Asian British Bangladeshi      | <input type="checkbox"/> Any other Asian background   | <input type="checkbox"/> Black / Black British Caribbean |
| <input type="checkbox"/> Black / Black British African          | <input type="checkbox"/> Any other black background   | <input type="checkbox"/> Chinese                         |
| <input type="checkbox"/> Prefer not to state                    | <input type="checkbox"/> Other (please state):        |  |

|   |  |
|---|--|
| Do you consider yourself to have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| If yes, what is the nature of your disability?  |  |
| <input type="checkbox"/> Sensory impairment (including visual and hearing)                              | <input type="checkbox"/> Learning disability   |
| <input type="checkbox"/> Physical impairment  | <input type="checkbox"/> Multiple impairments  |
| <input type="checkbox"/> Mental health difficulty (i.e. severe depression)                              | <input type="checkbox"/> Do not wish to answer |

Payment Details

|  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Cheque (made payable to Sport Structures Ltd)                 | <input type="checkbox"/> Online |
| <input type="checkbox"/> Invoice my organisation (please provide the address):         |                                 |
| <input type="checkbox"/> Via voluntary hours through Manchester Volunteer Sport Bureau |                                 |



**Pre-Registration Form**

*Please ensure that this form is completed and sent with your application form*

|  |  |
|--|--|
| Are you in education? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Are you in paid work? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| Are you volunteering? <input type="checkbox"/> Yes <input type="checkbox"/> No   |  |
| If yes, is it: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual                 | Please state occupation:                           |
| Are you in any other form of educational training? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |  |
| If yes please specify:   |  |
| Are you currently employed by Manchester Leisure as a coach? <input type="checkbox"/> Yes <input type="checkbox"/> No                |  |
| Do you receive benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| Are you involved with any clubs or community groups at the moment? <input type="checkbox"/> Yes <input type="checkbox"/> No          |  |
| If yes, which club/community group?  |  |
| Which areas are they based in?   |  |
| Would you be interested in future coaching work through Manchester Leisure? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Would you like to receive any further information of courses in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| How did you hear about this course? (please answer below)  |  |
| <input type="checkbox"/> Sports Centre   | <input type="checkbox"/> Sport Development Officer |
| <input type="checkbox"/> Governing Body  | <input type="checkbox"/> Community Centre          |
| <input type="checkbox"/> Website   | <input type="checkbox"/> Other                     |
| If other, please state:  |  |

I understand the requirements of the course and certify that the information on both the pre registration form and the application form is correct and that i will inform Manchester Sport Development / Sport Structures if any of these details change

I have read and accepted the terms and conditions set out by Manchester Sports Development

Signed:.....

Date:.....

All information provided for Manchester Sport Development and Sport Structures remains confidential and will not be divulged unless in the unlikely event of an emergency