

SOMERSET BOWLS COACHING ASSOCIATION
APPLICATION FOR INTERVIEW & COACHING COURSE
TO BECOME A QUALIFIED INSTRUCTOR
OR AS AN ASSOCIATE MEMBER
(Please delete as required)

Return To: County Coach S.B.C.A.
Pete Staddon
22 Lavers Oak
Martock Somerset
TA12 6HG

☎ 01935 824521 Email: petestaddon@btinternet.com

APPLICANT'S FULL NAME MR/MISS/MRS

ADDRESS.....

TOWN..... Email:

POST CODE:Tel..... DATE OF BIRTH

BOWLS CLUB DETAILS:

INDOOR CLUB: OUTDOOR CLUB:

No. YEARS PLAYING EXPERIENCE: LEVEL REACHED:

Have you previously attended any Training Courses: Yes / No

If Yes Please State: Where When Result:
.....

DO YOU HAVE ANY DISABILITIES, IF SO PLEASE GIVE BRIEF DETAILS

.....

CLUBS RECOMMENDATION:

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CLUBS: SECRETARY /PRESIDENT/CHAIRMAN, REMARKS. (DELETE AS NECESSARY)

Signed: **APPLICANT'S SIGNATURE**..... **DATE**

NOTE: IN THE FIRST INSTANCE YOU WILL BE REQUIRED TO ATTEND AN INTERVIEW. GIVEN THE CURRENT TRAINING SYLLABUS TO STUDY, ALSO DETAILS OF WHEN AND WHERE YOUR COURSE WILL BE HELD. YOU WILL BE REQUIRED TO COMPLETE AND RETURN A VOLUNTARY DISCLOSURE FORM (VDF).

A CHEQUE FOR £25 WILL ALSO BE REQUIRED AT THE INTERVIEW IF YOU ARE ACCEPTED

OFFICIAL USE

DATE RECEIVED BY COUNTY COACH CHECK BY LEASON OFFICER

INTERVIEW ARRANGED: DATE SUCCESSFUL YES/NO. FEE PAID: YES/NO. Date:

COURSE STARTED RESULT TRAINER LEVEL.....

(NB. the Trainer & Examiner are not to be the same) LEVEL EXAMINER DATE.....
