

SOMERSET BOWLS COACHING ASSOCIATION

Affiliated to the E.B.C.S

APPLICATION FORM FOR ADVANCEMENT TO BECOME A QUALIFIED COACH

Return To County Coach S.B.C.A.

Pete Staddon
22 Lavers Oak
Martock Somerset
TA12 6HG

☎ 01935 824521 Email: petestaddon@btinternet.com

(BLOCK CAPITALS PLEASE)

APPLICANT'S FULL NAME MR/MISS/MRS

ADDRESS.....

TOWN.....Email:

POST CODE:☎.....DATE OF BIRTH

BOWLS CLUB DETAILS : INDOOR CLUB.....OUTDOOR CLUB.....

Number of.YEARS COACHING EXPERIENCE..... DATE LEVEL 1 ASSESSED.....

Are you a BDA member Yes/No

Have you previously attended any Training Courses: Yes / No

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

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

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Signed Position in Club.

APPLICANT'S SIGNATURE DATE

COURSE FEE: £7.00 TO BE PAID ON SUBMISSION OF THIS APPLICATION. ALL CHEQUES TO BE MADE PAY-
ABLE TO S.B.C.A. AND SENT TO THE COUNTY COACH . NO BREAK IN THE COURSE IS ACCEPTABLE. YOU
WILL BE ASKED TO PROVIDE YOUR COACHING RECORDS PRIOR TO ACCEPTANCE OF THIS COURSE

=====OFFICIAL USE.

DATE RECEIVED BY COUNTY COACH DATE

COURSE STARTEDRESULT EXAMINER DATE.....

SOMERSET BOWLS COACHING ASSOCIATION

Affiliated to the E.B.C.S

APPLICATION FOR INTERVIEW & COACHING COURSE TO BECOME A QUALIFIED INSTRUCTOR OR AS AN ASSOCIATE MEMBER

(Please delete as required)

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TA12 6HG

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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:

Are you a BDA member Yes/No

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

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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 £30 WILL ALSO BE REQUIRED AT THE INTEVIEW 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.....