

SOMERSET BOWLS COACHING ASSOCIATION

APPLICATION FOR COACHING COURSE TO BECOME A QUALIFIED SENIOR 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 playing experienceLevel reached.....

Have you previously attended any Training Courses: Yes / No.

If YES, please give date qualified as an INSTRUCTOR FOR BEGINNERS:

WHERE QUALIFIED:

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Please give CERTIFICATE / REGISTRATION NUMBER:.....

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

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CLUB'S SECRETARY /PRESIDENT/CHAIRMAN, REMARKS. (DELETE AS NECESSARY)

Please give assessment of Applicant's Instruction and amount of Training given to Members.

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Signed Position in Club. Date.....

COURSE FEE: £15. TO BE PAID ON SUBMISSION OF THIS APPLICATION. ALL CHEQUES TO BE MADE PAYABLE TO S.B.C.A. AND SENT TO THE COUNTY COACH. NO BREAK IN THE COURSE IS ACCEPTABLE. ALL APPLICANTS TO BE ASSESSED BY THE COUNTY COACH.

**PLEASE STATE IN BRIEF, DETAILS OF YOUR ACTIVITIES IN RESPECT OF
INSTRUCTING BEGINNERS SINCE QUALIFICATION**

CLUB OR CLUBS INVOLVED.

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Signed: on behalf of Club (Chairman/Secretary)