

APPLICATION FOR COACH TRAINING

Family Name		Given Name	
Address			
Suburb/Town		Post Code	
DOB		Phone	
Email Address			
Croquet Club		Years of playing Experience (for required code)	

Training Required (please tick as required and use a separate application for each code)

QUALIFICATION		CODE	
<input type="checkbox"/>	Level 1 Coach	<input type="checkbox"/>	AC – Association Croquet
<input type="checkbox"/>	Level 2 Coach	<input type="checkbox"/>	GC – Golf Croquet
<input type="checkbox"/>	Level 2 Coach	<input type="checkbox"/>	RC – Ricochet
<input type="checkbox"/>	Level 3 Coach	<input type="checkbox"/>	GB – Gateball
<input type="checkbox"/>	Level 4 Coach		

WWCC/WWVP/BC No		Expiry Date	
Community Coaching Essential Skills	<input type="checkbox"/> Completed	Date	
CA/RevSPORT No			
Applicant Signature		Date	

CLUB COACHING COORDINATOR, CLUB CAPTAIN or SECRETARY

We support this application to attend Coach Training

Name	
Club	
Position	

SCC ACTION	Request Registered	Presenter Allocated	Training Date Advised	Manuals Forwarded