

Please attach passport photograph with your name and course code on the reverse

Education and Training Coach Licence Application / Data Form

Please complete this form in clearly printed capital letters and return to the Coach Education Contact in your area. If you have already completed a data form please use this to update any of your details that may have changed.

Club / Local Authority / School / University

Unique Reference Number

Date of Birth

Applicants must be aged 16 and over for Level 1 courses, 14 and over for Children in Athletics courses and 18 or over for Level 2 courses

Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other		
Forenames			
Surname			
Address			
Town/City			
County			
Post code			
Place of Birth			
Phone (home)		Phone (work)	
Phone (mobile)		E-mail	

Please enter details for course(s) you wish to attend below. (Places are subject to availability)

Course Code	Course Name	Date(s) of course	Venue	Fee enclosed	Official use only
				£	
				£	
				£	

Course Fee: Please enclose appropriate course fee (see relevant promotional material for information) making cheques payable to either 'England Athletics', 'Scotland Athletics', 'Northern Ireland Athletics' or 'Wales Athletics', with your name and address printed clearly on the back of the cheque.

Please return the application form and cheque to the Paul Jensen @ Welsh athletics. Postal Details of which can be found at www.welshathletics.org with the cheque made payable to WELSH ATHLETICS

Please give details of any additional qualifications that you feel are relevant to coaching or athletics. e.g. teaching, tutoring, sport related degree, fitness awards

Date	Qualification gained



This form and the terms and conditions outlined form an agreement between UK Athletics and you, the coach. By signing this form you agree to comply with the terms and conditions and any other rules, procedures, codes of conduct, policies and guidelines of UK Athletics and amends to these that may occur from time to tend. Details of all of these will be maintained on the UKA website.

- I confirm that all the information given is accurate and correct.
- I give UK Athletics permission to carry out police or CRB checks at any time to determine whether I should be issued with a licence or whether any licence issued to me should be returned.
- I have been given the opportunity to read the Terms and Conditions and agree to abide by them and any other applicable rules, procedures, codes of conduct and guidelines of UK Athletics as set out on the UKA website.
- As a UK Athletics licensed coach I agree to abide by the UK Athletics rules as laid down in its rule book and related procedures

Signature _____ Date _____

UK Athletics will process the data provided by you fairly and lawfully for the purpose of the proper administration of its Coach Licensing Scheme in accordance with the Data Protection Act 1998. In so doing, UK Athletics may pass your information to the National and Regional Athletics Associations, affiliated bodies, sports organisations (such as Sports Coach UK, UK Sport, Sport England) and any other authority within the UK which has responsibility for coaching provision for the purpose of informing them of the status of your coach licence.

In addition, UK Athletics may pass your information to:

our official sponsors, their associated companies and other carefully selected organisations who may use it (and pass it to other companies world-wide so that they may use it) now or in the future for profiling and to keep you informed (possibly by telephone, email or SMS) of their products and services and to compile market research information and statistics and to use it for any other aspect of their business. If you do not wish us to use your information for these purposes please tick here

Equity Policy

It would be helpful to UK Athletics in establishing the development of our equity policy if you would complete this part of the form. All information is confidential.

Gender

Female Male (Please tick as appropriate)

Ethnic origin

Choose one category from A to E and then tick the appropriate box to indicate your cultural background:

- | | |
|--|---|
| <p>A White</p> <p>British <input type="checkbox"/></p> <p>Irish <input type="checkbox"/></p> <p>Any other white background <input type="checkbox"/></p> | <p>D Black or black British</p> <p>Caribbean <input type="checkbox"/></p> <p>African <input type="checkbox"/></p> <p>Any other black background <input type="checkbox"/></p> |
| <p>B Mixed</p> <p>White and black Caribbean <input type="checkbox"/></p> <p>White and black African <input type="checkbox"/></p> <p>White and Asian <input type="checkbox"/></p> <p>Any other mixed background <input type="checkbox"/></p> | <p>E Chinese or other ethnic group</p> <p>Chinese <input type="checkbox"/></p> <p>Any other ethnic group <input type="checkbox"/></p> |
| <p>C Asian or Asian British</p> <p>Indian <input type="checkbox"/></p> <p>Pakistani <input type="checkbox"/></p> <p>Bangladeshi <input type="checkbox"/></p> <p>Any other Asian background <input type="checkbox"/></p> | |

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities'.

Do you consider yourself to have a disability? Yes No

If yes, what is the nature of your disability?

Disability

- Amputee Dis 1
- Cerebral Palsy Dis 2
- Hearing Impairment Dis 3
- Learning Disability Dis 4
- Visual Impairment Dis 5
- Wheelchair user Dis 6
- Other Dis 7

Please specify: