

Application form and coach's profile



Please complete in block capitals

Course date _____ **Course venue** _____

Surname _____ **Forename(s)** _____

Address _____

Postcode _____

Tel (home) _____ **Tel (mobile)** _____

Email _____

Club _____ **School** _____ **County** _____

Current coaching commitments _____

Future coaching commitments _____

Coaching history and other rugby coaching awards held Eg Foundation, Old SRU qualifications, RFU / WRU awards etc

Playing history & position _____

Application form and coach's profile

Other related qualifications Eg. Teacher, other NGB awards, D32 etc

Do you hold any recognised Child Protection training certification?

Yes

No

If so, what?

I understand that the course will involve simulated coaching sessions when coaches will coach their peers.
I agree to participate as fully as possible.

Course fee
of £

attached

Signature

Participants are requested to tick the relevant box below to allow the SRU to monitor its Sports Equity policy. Monitoring is recommended by the codes of practise for the elimination on the grounds of age, gender, race or disability. The SRU will analyse the information on a depersonalised basis and it will not disclose the results of the analysis except in an anonymous form. We respect a person's right not to disclose information relating to disability, ethnic origin, gender or age. Completion of this section is therefore not compulsory

Gender

Female

Male

Date of birth

I would describe my ethnic origins as:

Afro-Caribbean

Asian

UK Asian

UK Afro-Caribbean

UK European/Irish

Other European

Other

Do you consider yourself to have a disability?

Yes

No

If yes, what is the nature of your disability?

Sensory impairment

Vi (Visual)

HI (Hearing)

Learning disability

SLD

MLD

Physical disability (please state)

Other disability (please state)

In line with the SRU Child Protection policy, I agree that I have not been convicted of any offence against children and agree that when requested by the SRU I will undertake a Disclosure Scotland Check.

The SRU undertakes not to pass on the above information to any other organisation without written permission. I hereby give my consent to the above information being held on the SRU database.

Signature/date

I have completed a CRB check

Yes

No

Please return this form to the UKCC Development Manager, SRU, Murrayfield, Edinburgh EH12 5PJ.

Signature