



Football Education Course Candidate Application Form and Coaching Profile

Candidates applying for all Courses should use this form.
Please complete all sections in BLOCK CAPITALS.

Core Information

First name		Title	
Surname		FAN	
Gender	Male / Female	Date of Birth	
Full Postal Address			
Postcode		Contact No.	
Email		Club/School (if applicable)	
Current Football Qualifications held (if any)			

Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi <input type="checkbox"/>	Indian <input type="checkbox"/>	Other white <input type="checkbox"/>
Asian British Indian <input type="checkbox"/>	Mixed White and Asian <input type="checkbox"/>	Pakistani <input type="checkbox"/>
Asian British Pakistani <input type="checkbox"/>	Mixed White and Black African <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
Bangladeshi <input type="checkbox"/>	Mixed White and Black Caribbean <input type="checkbox"/>	White British <input type="checkbox"/>
Black African <input type="checkbox"/>	Other <input type="checkbox"/>	White European <input type="checkbox"/>
Black British <input type="checkbox"/>	Other Asian <input type="checkbox"/>	White Irish <input type="checkbox"/>
Black Caribbean <input type="checkbox"/>	Other Black <input type="checkbox"/>	White Non European <input type="checkbox"/>
Chinese <input type="checkbox"/>	Other Mixed Background <input type="checkbox"/>	

Disability

Do you consider yourself to have a disability? (Please tick)

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

If Yes, what is the nature of your disability?

Hearing <input type="checkbox"/>	Multiple <input type="checkbox"/>	Mobility <input type="checkbox"/>	Other <input type="checkbox"/>
Learning <input type="checkbox"/>	Visual <input type="checkbox"/>	Physical <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>

Medical Conditions

Do you have any medical conditions that we should be aware of? If so please specify in the box below:

Course Details (please tick)

Coaching Courses

Level 1 Certificate in Coaching Football		Level 2 Certificate in Coaching Football	
Level 3 Certificate in Coaching Football		Coaching Disabled Footballers	
Goalkeepers Level 1 Certificate		Youth Award – Module 1	
Youth Award – Module 2		Beginners Guild to FUTSAL	
Age Appropriate Coaching Course		FA Mentoring Adults Course	

Child Protection and Medical Courses

Safeguarding Children Workshop		Welfare Officer Workshop	
FA Emergency Aid Workshop		Basic First Aid for Sport	

Course Applying For (as above)

Course number + dates (Initial wk for L2 + L3)		Course fee	£
Course venue			

Payment Method (please tick)

Cheque; made payable to 'Gloucestershire FA Ltd'			
Credit Card (complete details below)			
Card Type		Valid From	
Card No (16/20 Digits)		Expiry Date	
Security No (Last 3 no's on Signature strip)		Issue No (if applicable)	
Card Holders Name (as on card)			
Address of Cardholder, including postcode.			

Please note

- Once the application is submitted, the money paid for the Course is neither refundable nor transferable unless the Course is cancelled by Gloucestershire Football Association.
- All applications must be submitted at least 14 days prior to the commencement date of the Course, and a place can only be allocated once the Course fee has been fully paid.
- The dates for all courses are provisional and are liable to change at any time.

Declaration

I declare that I am fit to participate in the above Course and acknowledge that I do so at my own risk. The Gloucestershire Football Association Ltd, its staff, or any authority which provides facilities, is under no liability in respect of any injury, which I may sustain. I am fully aware that photographs and footage may be taken by authorised GFA staff, and give my permission for this material to be used for promotional, marketing and internet purposes.

Signature		Date	
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