

**DISABILITY FOOTBALL CENTRE - APPLICATION FORM**

**Contact Information – Organisation**

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| **Club Name** |  |
| **Lead Contact Name** |  |
| **Contact Telephone Number** |  |
| **Contact Email** |  |

**About the Session**

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| **Session Location (Facility Name)** | |  | | |
| **Facility Address** | |  | | |
| **Planned Session Times** | |  | | |
| **Planned Session Dates**  **(Please list only 10 dates)**  **Allow at least 6 weeks between application and the proposed start date. Two weeks to review your application and 4 weeks to promote.** | |  | | |
| **Lead Coach Name** | |  | | |
| **Lead Coach FAN Number** | |  | | |
| **Assistant Coach Name** | |  | | |
| **Assistant Coach FAN Number** | |  | | |
| **Designated Safeguarding Officer Name** | |  | | |
| **Designated Safeguarding Officer**  **FAN Number** | |  | | |
| **Does your club have a safeguarding policy?** | **YES / NO** | | **Does your venue comply with H&S Regulations?** | **YES / NO** |
| **Please briefly describe how you plan to use the BOBiCats funding? (£300)** | | | | |
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| **Please briefly describe how you will promote your BOBiCats Session?** |
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| **Please provide the best address to send the BOBiCats Equipment (10 Nike Footballs)** |
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| **Signature** |  |
| **Date** |  |

Please send completed forms to:-

Jonathan Coles

Berks & Bucks Football Association

1st Floor, Stratton Court,

Kimber Road,

Abingdon, Oxfordshire

OX14 1SG

or scan and email to [jonathan.coles@berks-bucksfa.com](mailto:jonathan.coles@berks-bucksfa.com)

We aim to review all applications within 2 weeks of submission. Further information may need to be provided following your initial application. All applications will be notified of all final decisions.