

Cornwall Football Association

Coach Education Application Form

Once completed please return this application form with payment to:
Cornwall FA, Kernow House, 15 Callywith Gate, Launceston Road, Bodmin PL31 2RQ



In Partnership with Cornwall College Group

Please use one application form per person per course.

CANDIDATE DETAILS

NAME (IN CAPITALS)			D.O.B.		
ADDRESS					
POST CODE	CI	UB WORKING WITH	I		
TEL (HOME)	TI	TEL (MOBILE)			
EMAIL					
Please Note: you MUST provide	an email address as this is where al	l course corresponden	ce will be sent		
EMERGENCY CONTACT NAME					
EMERGENCY CONTACT NUMBER	t				
U18 PARENT/GUARDIAN NAME		PARENT/GUARDIAN CONTACT TEL NUMBER			
U18 PARENT/GUARDIAN EMAIL ADDRESS					
	COURSE DE	TAILS			
NAME OF COURSE					
START DATE OF COURSE					
VENUE					
	DISABILITY MO	NITORING			
DO YOU CONSIDER YOURSELF TO B		YES	<u>NO</u>		
IF YOU HAVE INDICATED 'YES' PLEA	SE TICK ALL THE BOXES THAT APPLY TO		•	•	
VISUAL IMPAIRMENT			OVIDE ADDITIONAL IN		
HEARING IMPAIRMENT					
PHYSICAL IMPAIRMENT					
MENTAL HEALTH ISSUES					
LEARNING DIFFICULTY/DISABILITY					
How did you hear about this course? CCFA website Facebook Twitter Club Official Other					
Declaration: I agree to abide by the course regulations and understand that I take part in any practical work at my own risk. The Cornwall FA Ltd, course staff or any authority which provides facilities is not under any liability in respect of any injury I may sustain. I understand that a place on the desired course will not be guaranteed until Cornwall FA has received both a completed application form and full payment of the course fee.					
made to a participant who does not the place is cancelled a minimum of	ved in FULL a minimum of 7 days price attend the course introduction unless 10 working days before the course starking days before the start date, a £40 and the course starking days before the start date.	prior agreement has be rt date and administration	en made with a mer in fee of £20 will be	nber of County staff. If taken off the refund. If	
I am happy for Cornwall County development. Please tick; YES	FA to hold my details on file and co	ontact me with details	of any future cou	rses relevant to my	
Total Cou	rse Fee included with applica	tion form: £			
Signed:		Date:			
*By signing I agree that I have read the Declaration and agree to ALL terms and conditions					