

Lincolnshire FA: Coach Education



Course Application Form

Please complete this application form and return to Chris Funnell or Callum Ward at:
 Lincolnshire FA, Deepdale Enterprise Park, Deepdale Lane, Nettleham, Lincoln, LN2 2LL

Alternatively, you can email the completed form to:

Chris.funnell@lincolnshirefa.com / zoe.hopewell@lincolnshirefa.com

Your course booking will be confirmed upon receipt of the completed booking form **and** full payment has been arranged.

Applicant's Profile - All boxes marked '*' **MUST BE** completed in this section

* First Name		* Surname	
* Date of Birth		* FA Number	
* Address			
* Town / City			
* County		* Post Code	
* Contact Number		* Emergency Contact	* Name: AND * Number:
* Email			

* FA Licensed Coaches' Club member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	* Are you, or are you a member of, an FA Charter Standard Club? If no, please leave blank.	<input type="checkbox"/> Yes
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Course Details:

Course Title	Course Code	Course (Start) Date	Course Venue
The FA Level 1 in Coaching Football			
The FA Level 2 in Coaching Football			
The FA Level 2 in Coaching Football, Block 1 (How We Coach)			
The FA Level 2 in Coaching Football, Block 2 (The Future Player and How We Support)			
The FA Level 2 in Coaching Football, Block 3 (How We Play)			
FA Introduction to First Aid in Football			
FA Safeguarding Children / Welfare Officer Workshop			
Goalkeeping Level 1 or Level 2 Coaching Award			
The FA Coaching in Futsal: Level 1			
FA Mentoring Adults			
FA Coaching Disabled or Coaching Deaf Footballers			
FA Basic Referee Course			

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Payment Method

Please do not enclose payment with this application form

What is your preferred payment method?	Invoice <input type="checkbox"/>	Payment over the phone <input type="checkbox"/>
If invoice, where would you like this sending? <i>E-mail or full address with postcode</i>		
If payment over the phone, please provide the relevant contact telephone number:		

Disability

Do you consider yourself to have a disability?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the nature of your disability?	
If your disability is likely to affect your participation or you require additional support, please provide information here:	

Medical

Do you have any medical condition(s) or injuries that may restrict your participation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please detail any medical conditions which might limit your participation here: <i>Please use an additional sheet if required</i>	

Ethnicity

I would describe my ethnic origin as:

A) White English <input type="checkbox"/> Irish <input type="checkbox"/> Scottish <input type="checkbox"/> Welsh <input type="checkbox"/> Other <input type="checkbox"/>	B) Mixed White & black Caribbean <input type="checkbox"/> White & black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other <input type="checkbox"/>	C) Asian or Asian British Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other <input type="checkbox"/>
D) Black or Black British Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other <input type="checkbox"/>	E) Chinese or Other Ethnic Group Chinese <input type="checkbox"/> Other <input type="checkbox"/>	

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Declaration

I, the undersigned, agree that I have read and accept the Lincolnshire FA's Course Terms and Conditions. On returning this application, I acknowledge that I will be required to participate as a coach, volunteer or player, and I confirm that I am physically able to do so or that I have indicated otherwise above.

* Signed (e-signature also accepted)	
* Print Name	
* Date	

All information contained within this form will be treated in the strictest confidence.
Terms and Conditions can be seen via our website.