

# Coach Education Course

## Candidate Application Form and Coaching Profile

Candidates applying for courses leading to 1st4sport Certificates in Coaching Table Tennis should use this form. Please complete all sections in BLOCK CAPITALS. This information will be used to register you with the awarding body 1st4sport Qualifications and also to support the tutors to prepare for your course.

### Candidate Information

First name		Surname	
Initials		Title	
Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth	
Full Postal Address			
		Postcode	
Tel No.		Mobile	
Work Tel.			
Email Address			
Please detail any special requirements that the tutor and/or ETТА should be aware of? (e.g. Accessibility, dyslexia, resources in special format, English not first language, etc):			

### Course Details

Course applied for: (please tick)	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 2 Bridge <input type="checkbox"/>
<b>Course Reference:</b>		Course Location:	

### Additional Personal Details

Coaching Experience	
Playing experience	
Any other relevant awards held <i>Teacher/other sport coaching awards</i>	
Occupation	
Organisation (Club/League/County/Education Establishment)	

**Please turn over to complete additional details.**



**Ethnicity**

I would describe my ethnic origin as: (please tick)

Asian/Asian British Bangladeshi	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	White British	<input type="checkbox"/>
Asian/Asian British Indian	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Asian/Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Any Other Asian Background	<input type="checkbox"/>	Any Other Mixed Background	<input type="checkbox"/>		
Black or Black British African	<input type="checkbox"/>				
Black or Black British Caribbean	<input type="checkbox"/>	Chinese	<input type="checkbox"/>		
Any Other Black Background	<input type="checkbox"/>	Other	<input type="checkbox"/>		

**Disability**

Do you consider yourself to have a disability? (please tick) Yes  No

If 'Yes', what is the nature of your disability? (please tick all that apply)

Hearing  Visual  Physical  Learning  Other

In order to complete the qualification candidates must have attended an Emergency Life Support Course and Safeguarding and Protecting Children Workshop (or equivalents).

Please note: Candidates who have attended courses other than the St. Johns Ambulance 'Emergency Life Support' and sports coach UK 'Safeguarding and Protecting Children' workshops, should contact the ETТА Coaching office to ensure that the required learning outcomes have been covered.

**Declaration**

By signing this document, you agree to abide by the ETТА Terms and Conditions for Candidates.

Signature		Date	
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If you do not wish us to use your contact details on our website or pass on to other organisations/individuals who may require a coach please tick here

Tick these boxes if you do not wish to receive unsolicited information:

From non table tennis companies  From table tennis organisations  On merchandising from the ETТА

Please return, together with the appropriate fee to:

**ETТА National Coaching Administrator, Queensbury House, 3<sup>rd</sup> Floor, Havelock Road, Hastings, East Sussex TN34 1HF Tel: 01424 722525, Fax: 01424 422103, Email: sophie.hare@etta.co.uk**

**Payment Details**

Course fee enclosed:	£	<i>(Please make all cheques payable to the ETТА)</i>
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\*Important Note: For Candidates whose fees will be paid by a company or organisation – The ETТА will require confirmation in writing of the payment arrangements from the sponsoring organisation prior to this application being accepted.

**Credit Card Payment Details**

The ETТА would not advise emailing your credit card details, please either send them by post, fax or call the National Coaching Administrator. Please note that American Express and Diners Card are not accepted.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Card Type .....
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Valid From Date (if applicable)	<input type="text"/>	/	<input type="text"/>	Expiry Date	<input type="text"/>	/	<input type="text"/>	3 Digit Security Number	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Name on Card .....Signature .....Date.....