

Course Reference Number: HF0178



ENGLAND NETBALL COACHING WORKSHOP BOOKING FORM

When applying for an England Netball course please complete **ALL** information on this booking form:

Workshop Name:	High 5 Workshop	
Venue :	Truro School Prep, Treliske Lane, Treliske Garden, Truro, Cornwall TR1 3QN	
Date:	Thursday 24 September 2015 (4:30 – 7:30pm)	
Candidate Name (Ms/Mr/Miss/Mrs):		
Affiliation Number / Netball ID No: (if applicable) This information is essential if you wish to receive the discounted affiliated course rate. <i>(Please contact Membership Dept on 01462 442344 if you have any queries relating to affiliation).</i>		
Candidate Address:		
Contact Telephone No	Home:	
	Mobile:	
E-mail address:		
Date of Birth: <i>(Applicants must be 16 years of age)</i>		
Emergency Contact Name:		
Emergency Contact No:		
Medical Information <i>(e.g epilepsy, asthma, diabetes, allergies etc)</i>		

Please list below any Netball related awards / qualifications you currently hold:

Awards	Level	Date achieved

Please provide information on the individuals or groups you have coached in the last 12 months

Level of performer(s)	No of hours coached per week	Do you receive payment for this coaching role? Y/N
Junior Club U11's		
Junior Club 12-16		
Satellite / County Academy/ Regional Programme		
Senior Beginners e.g. Back to Netball		
Senior Recreational – Clubs local league		
Senior Elite – Club Regional and Premier League		
Other – please state		

What further awards / qualifications would you be interested in attending?

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Are you able to actively take part in the game of Netball ? Yes No

If no, please detail the reason:

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***Please note** for some practical workshops participants may need to be actively involved in netball skills and drills. If you are not able to actively take part, please inform the course organiser at the point of booking.

Returning this form and payment ~ please follow the steps below:

1. Please **email** a copy of this form to Emily Harrison (southwest@englandnetball.co.uk) clearly stating which workshop you would like to attend.
2. **Post** your **cheque*** (made payable to England Netball and clearly marked with your name on the back) along with a **copy of this form** to the address below:

South West Regional Coordinator
South West Regional Office (England Netball)
Sports Training Village
University of Bath
Claverton Down,
BA2 7AY.

***Please note we are unable to invoice organisations for candidate payment or accept cash payments.**

In addition we CANNOT accept one cheque for multiple course bookings, for every workshop a candidate books onto there must be a separate cheque and booking form provided.

Your place on the workshop will not be confirmed until payment has been received!

Forms/cheques received after the closing deadline (usually 1 week prior to the workshop) are not guaranteed to be accepted.

Funding:

If your Club, County or another agency is funding your course attendance, please ask them to clearly state your name / candidate name on the back of the cheque.

Cancellation Policy:

Requests to cancel a booking should be directed to your Course Organiser and will be considered on an individual basis

Are you male or female?			
Date of Birth			
What is your ethnic group?			
White <input type="checkbox"/>	White British <input type="checkbox"/>	Black or Black British <input type="checkbox"/>	Black Caribbean <input type="checkbox"/> African <input type="checkbox"/> Other Black <input type="checkbox"/>
Mixed	White & Black Caribbean <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Asian <input type="checkbox"/> Other Mixed <input type="checkbox"/>	Chinese or Other Ethnic Group	Chinese <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/>
Asian or Asian British	Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other Asian <input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
		Unknown	<input type="checkbox"/>

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment which has a substantial and long-term adverse effect upon his/her ability to carry out normal day to day activities.'

Do you consider yourself to have a disability?			
If Yes, what is the nature of your disability?			
Visual <input type="checkbox"/>	Learning <input type="checkbox"/>	Hearing <input type="checkbox"/>	Multiple <input type="checkbox"/>
Physical <input type="checkbox"/>	Other <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>	

FOR OFFICAL USE ONLY (Course Organiser to complete):

Any further action required:

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Cheque received: Yes No

Place confirmed Yes No