

Coach Education Booking Form

Name of Course you wish to book onto:			
Date of Course:		Venue:	
Name:			
Address:			
Postcode:		Telephone Number:	
Email Address:			
Male / Female:		Date of Birth:	
Do you consider yourself to have a disability?			
		YES	NO
If YES, please state:			
Ethnic Origin (please tick)			
ASIAN	ASIAN BRITISH	BLACK	BLACK BRITISH
CHINESE	MIXED	WHITE	OTHER
Do you have any specific requirements? eg. Access			
What is the main sport that you are involved in?			
Position / Role within that sport? eg. Coach / Volunteer			
What was the date of the last time you coached / volunteered?			
School / Club / Organisation name:			
If you are part of a Club, are you accredited? eg. Clubmark			
How did you hear about this course? (please tick)			
WASP Website		SCUK Website	
WASP Coach Education Booklet		Your Club / Organisation	
Your National Governing Body		Your Local Authority	
Other, please state:			

Please send your completed form along with a cheque made payable to WILTSHIRE COUNCIL to: Dominique Oughton, WASP, c/o Wiltshire Council, Browfort, Bath Road, Devizes, SN10 2AT.