**Template 4**

**Application Form for Coaches/Volunteers/Officers**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Position Applied For:** | | | | | | | | | | | |
| I am a member of a bowls club affiliated to the National Governing Body: Yes/No –  Full/Associate (please provide details of which Governing Body your club is affiliated to and your membership number, if applicable): | | | | | | | | | | | |
| Personal Details: | | | | | | | | | | | |
| Mr/Mrs/Miss/Dr/ Other (please specify) | | First Name | | | | Middle Name | | | Last Name | | |
| Address | | | | | | | | | | | |
| Town | | | | | City/County | | | | | Post Code | |
| Email: | | | | | Contact Number | | | | | | |
| Current Occupation | | | | | | | | | | | |
| Name of Company |  | | | | | | | | | | |
| Job Title |  | | | | | | | | | | |
| Address of Company | | | |  | | | | | | | |
| Town | | | | | City/County | | | | | Post Code | |
| Start Date | | | |  | | | | | | | |
| Qualifications | | | | | | | | | | | |
| Coaching Qualifications **please tick** | | | | BDA Level 1 | | | | BDA Level 2 | | Activator | |
| Play Bowls Activator | | | | Working with Disabled People in Bowls | | | | | | | |
| Member of BDA Coaching Scheme Yes/No Membership number (if applicable) | | | | | | | | | | | |
|  | | | | EBCS Level 1 | | | | EBCS Level 2 | | EBCS Level 3 | |
| Other coaching qualifications please specify | | | |  | | | | | | | |
| Safeguarding in Bowls | | | Safeguarding and Protecting children (Sportscoach UK) | | | | Safeguarding in Bowls “Time to Listen” or other | | | | Adults Safeguarding in Bowls |

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| --- | --- | --- |
| Other qualifications please specify |  | |
| Academic qualification |  | |
| DBS certificate Number | Date of issue | |
| Are you registered for the DBS online update service? Yes / No | | |
| Experience | | |
| Previous Experience (including of working with children and young people if appropriate to this role): |  | |
| Reason for Applying |  | |
| References | | |
| Please provide the names and addresses of two people who know you well (who are not related to you) (include people who have first-hand experience of you working with children if this is relevant to this role) and whom we can contact to obtain a reference  With your approval, we will also contact your employer (where appropriate) to obtain a reference. | | |
| Name  Address  Contact Number | | Name  Address  Contact Number |
| I agree to abide by the Club/County Codes of Conduct, Safeguarding Policies and Procedures and confirm that the information I have supplied in completing this form is correct and true.  Signed: Date | | |