

Template 4

Application Form for Coaches/Volunteers/Officers

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| 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 |