



Introductory Coaching Course Application Form

To attend an Irish Gymnastics coaching course please complete this form (in block capitals) and return it together with the relevant payment to the address below. The attached notes contain information that will assist you in completing the form, along with our policy on cancellation and amendment charges, and it is recommended that you read this prior to application. For further help and advice before you make a booking, please do not hesitate to contact Irish Gymnastics on the address below.

Course Details:

| Discipline | Level | Cost | Dates | Region | Venue |
|------------|-------|------|-------|--------|-------|
| | | | | | |

Personal Details:

Title: First Name: Surname:

Irish Gymnastics Membership No: Club: Date of Birth:

Address:

Tel No (home): Tel No (work):

Mobile No: Email:

Payment Details:

Cheque: Account Name: Account No:

Signature:

Please return this application form together with the coach self declaration form and payment to Irish Gymnastics

PLEASE ALLOW 14 DAYS FOR YOUR APPLICATION TO BE PROCESSED



**Irish Gymnastics
Coach Education**

Coach Self Declaration Form

(To be completed prior to attending your first Irish Gymnastics coaching course)

| | | | |
|---|--|--|--|
| Name: | | Membership number: | |
| Place of Birth: | | Previous names/initials by which you have been known: | |
| Previous address: | | | |
| (if you have moved within the last 5 years) | | | |

| | Yes | No |
|--|-----|----|
| Have you been convicted of any offence or had a conviction or bind-over order, or is a prosecution pending related to children, Sexual Offences, any offence involving violence of any nature or drug related offences? | | |
| Are you a person known as being an actual or potential risk to children/vulnerable adults/other people? | | |
| Have you ever had a sanction imposed against you or been disciplined in any way for any matter relating to child abuse, sexual offences, violence or use of drugs? | | |

Please supply the names and addresses of two referees whom Irish Gymnastics can contact regarding your suitability to work with children and vulnerable adults (these must not be a partner or a relation).

| Name: | 1. | 2. |
|---|----|----|
| Address: | | |
| Telephone number: | | |
| Position held: | | |
| How long have you been known to the referee? | | |

| Please list the last 3 clubs you have had an association with: | | |
|--|------------------------|---------------|
| Club: | Date – From/To: | Sport: |
| Club: | Date – From/To: | Sport: |
| Club: | Date – From/To: | Sport: |

I hereby consent to Irish Gymnastics undertaking criminal relevant third party checks in connection with the Self Declaration. I understand that the information contained on this form, and any results of checks will be recorded by Irish Gymnastics. I understand that I need to inform Irish Gymnastics immediately of any matters relating to the above questions, during the term of my membership. I understand that action may be taken in relation to my membership where information obtained leads Irish Gymnastics to believe that action should be taken. I understand that I have a right of access to information held on me.

Print name:..... Signed:..... Date:.....