WORCESTERSHIRE FOOTBALL ASSOCIATION

FA 'STEP INTO SPORT' REGISTRATION FORM

NAME …… DATE OF BIRTH …… AGE ……

ADDRESS ……

…….. POSTCODE ……GENDER M / F

HOME TELEPHONE: …… MOBILE TELEPHONE……....

E-MAIL ……

SCHOOL / COLLEGE……

DO YOU PLAY FOR A FOOTBALL CLUB? …… If 'Yes' which one?……

SPECIAL LEARNING NEEDS……

MEDICAL CONDITIONS……..

DISABILITY – Do you consider you have a disability? YES/NO* If Yes, please specify ……...

ETHNICITY – we are committed to equality of opportunity. To help provide appropriate access & support, please tick the boxes where appropriate.

	11 Asian or Asian British - Bangladeshi		12 Asian or Asian British - Indian
	13 Asian or Asian British - Pakistani		14 Asian or Asian British - Other background
	15 Black or Black British - African		16 Black or Black British - Caribbean
	17 Black or Black British - Other background		18 Chinese
	19 Mixed - White and Asian		20 Mixed - White and Black African
	21 Mixed - White and Black Caribbean		22 Mixed - any other Mixed background
	23 White - British		24 White - Irish
	25 White - any other White background		98 Any other
	99 I prefer not to disclose my ethnicity		

To enroll on the programme you MUST have completed one of the following Leadership Courses?

- JSLA ☐ - CSLA ☐ - Junior Football Organisers ☐

- F.A Level 1 Coaching ☐ - F.A Level 2 Coaching ☐ - Referees Badge; Level……...

Have you completed any other sporting qualifications?.....

****Please enclose a photocopy of the qualifications you have ticked above, with the application****

Do You Currently Volunteer at a Club? YES/NO*

If 'Yes' detail which CLUB:…….. Contact/mentor at the club?.....

Their contact telephone No…….....

If 'NO' do you have a local club that you would like to volunteer for? ……

I agree to abide by the programme regulations and I understand that during my role as a voluntary leader I have a responsibility to fulfill. The Football Association, the Worcestershire Football Association, nor their servants, agents or employees are under any liability in respect of injury, loss or damage, which I may sustain.

SIGNED (Young Leader)…… DATE: ……

PLEASE RETURN REGISTRATION FORM TO: - Matthew Jones, WORCESTERSHIRE FOOTBALL ASSOCIATION, CRAFTSMAN HOUSE, DE SALIS DRIVE, DROITWICH SPA, WR9 0QE.