

# WORCESTERSHIRE FOOTBALL ASSOCIATION



## COUNTY COACHES ASSOCIATION

## APPLICATION FORM

NAME ..... DATE OF BIRTH ..... AGE .....

ADDRESS .....

..... POSTCODE ..... GENDER M/F\*

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

E-MAIL .....

CLUB / SCHOOL / ORGANISATION.....

SPECIAL LEARNING NEEDS.....

MEDICAL CONDITIONS.....

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

ETHNICITY – we are committed to ‘Football for All’ please tick appropriate box below:

<input type="checkbox"/>	11 Asian or Asian British - Bangladeshi	<input type="checkbox"/>	12 Asian or Asian British - Indian
<input type="checkbox"/>	13 Asian or Asian British - Pakistani	<input type="checkbox"/>	14 Asian or Asian British - Other background
<input type="checkbox"/>	15 Black or Black British - African	<input type="checkbox"/>	16 Black or Black British - Caribbean
<input type="checkbox"/>	17 Black or Black British - Other background	<input type="checkbox"/>	18 Chinese
<input type="checkbox"/>	19 Mixed - White and Asian	<input type="checkbox"/>	20 Mixed - White and Black African
<input type="checkbox"/>	21 Mixed - White and Black Caribbean	<input type="checkbox"/>	22 Mixed - any other Mixed background
<input type="checkbox"/>	23 White - British	<input type="checkbox"/>	24 White - Irish
<input type="checkbox"/>	25 White - any other White background	<input type="checkbox"/>	98 Any other

**Please complete the following information** (please circle Yes or No)

- Have you completed an F.A CRB Check? Yes No if yes please detail FA CRB No:.....

- Are you a registered FACA member? Yes No if yes please detail FACA No:.....

**Qualification(s), please complete where appropriate:**

- F.A Emergency Aid Yes No If ‘yes’ detail date completed:.....

- F.A Child Protection Yes No If ‘yes’ detail date completed:.....

**Football Coaching Qualification(s) completed:**

Type (e.g. F.A Level 1)

Date Awarded

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Would you be interested in any additional paid / voluntary coaching for the WFA or Partners? Yes  No

Do you give consent for your contact details to be disclosed to anyone requiring a football coach?.....

I agree to abide by the codes of conduct set out by the WFA coaches association and recognize that 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 (Coach)..... DATE: .....

**PLEASE BRING APPLICATION TO NEXT COACHES ASSOCIATION MEETING ALONG WITH £5 Membership Fee. Cash or Cheques only. CHEQUES MADE PAYABLE TO ‘Worcester City Council’.**  
**THANK YOU.**