



Course Application Form

Please use one application form per person per course

(*Delete As Applicable)

NAME DATE OF BIRTH AGE

ADDRESS

..... POSTCODE GENDER M / F*

HOME TELEPHONE: MOBILE TELEPHONE.....

E-MAIL

CLUB/ORGANISATION

COURSE BOOKING VENUE.....

COURSE DATE

COMPLETION OF THE FA CHILD PROTECTION WORKSHOP YES/NO*

DATE OF ATTENDANCE.....

CURRENT FIRST AID/EMERGENCY AID CERTIFICATE YES/NO*

DATE OF ATTENDANCE.....

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, please tick the boxes where appropriate.

<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
<input type="checkbox"/>	99 I prefer not to disclose my ethnicity		

Please find enclosed a cheque / postal order for £..... payable to “Worcestershire FA”. I agree to abide by the course regulations and I understand that once confirmation letters have been issued, should I wish to withdraw either before or after the commencement of the course, a refund will only be given in exceptional circumstances and that neither 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..... DATE:

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