

**COACH AND MENTOR  
APPLICATION FORM**

**Surname:** \_\_\_\_\_ **Forename:** \_\_\_\_\_

**Previous name (if any):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Home telephone number:** \_\_\_\_\_ **Mobile number:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Role applied for:** \_\_\_\_\_

**Club:** \_\_\_\_\_

**Child Safeguarding Vetting, Training and Coaching Qualification**

Have you completed the vetting process in accordance with Association procedures?

Yes  No

Have you attended Child Safeguarding Training relevant to your role as approved by your Association?

Yes  No

Do you possess a coaching qualification as required by your Association for your role?

Yes  No

**Please outline why you wish to become involved in our Club?**

\_\_\_\_\_

**Please give details of any previous involvement in sports including coaching experience and relevant qualifications:**

\_\_\_\_\_

**Do you suffer from any illness or medical condition which may at times affect your ability to work with young people in this role?**

Yes  No

**Is so, please give details:**

\_\_\_\_\_

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**Have you ever been asked to terminate your involvement in any Sporting or Community Organisation? (If yes we will contact you in confidence):**

Yes  No

**Please supply the name, address, and a contact telephone number of two people (non-relative), who from personal knowledge are willing to support your application. If you have a previous involvement in a sports organisation one of these two named person (below) should be from that sports organisation**

Name 1: \_\_\_\_\_ Name 2: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tel No: \_\_\_\_\_ Tel No: \_\_\_\_\_

Professional relationship with Referee \_\_\_\_\_ Professional relationship with Referee \_\_\_\_\_

**Declaration:**

- I confirm that nothing within my personal or professional background may deem me unsuitable For a position which involves working with children/young people in sport.
- I declare that the above information is true and agree abide by The Code Of Behaviour (Underage) working with underage players.
- I agree to abide by the Rules of the Association.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This Form should be returned to and retained by the Club Secretary or Registrar.

**FOR CLUB USE ONLY**

Checked by phone  Visit  Letter  **Date:** \_\_\_\_\_

**Checked by:** \_\_\_\_\_

**Signed:** \_\_\_\_\_