



Australian Government
Australian Sports Commission

Active After-school Communities

Helping kids and communities get active

Community Coach Training Enrolment Form

Please complete both pages of the registration form and return to the contact listed on the course flier or fax to: 02 6681 6950. Enrolments close Monday 21 June, 2010.

Course Date : FRIDAY 25 JUNE Course Venue: TO BE ANNOUNCED (Kingscliff/Tweed area)

PERSONAL DETAILS

FIRST NAME: _____ LAST NAME: _____

DATE OF BIRTH: _____ GENDER (Please circle) M / F

TELEPHONE: (W) _____ (H) _____

TELEPHONE: (M) _____ FAX: _____

EMAIL ADDRESS: _____

POSTAL ADDRESS: _____

ACTUAL ADDRESS: _____

TOWN/SUBURB: _____ POSTCODE: _____

OPTIONAL

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER (TSI) ORIGIN?

NO

ABORIGINAL

TSI

DO YOU HAVE A SIGNIFICANT DISABILITY OR LONG TERM MEDICAL CONDITION? YES / NO

IF YES, WHAT IS THE NATURE OF YOUR DISABILITY? _____

ARE YOU FROM A NON-ENGLISH SPEAKING BACKGROUND (NESB)? YES / NO

IF YES, PLEASE SPECIFY: _____

WHICH ONE OF THE FOLLOWING APPLIES TO YOU?

ARE YOU:

- An internal deliverer from a AASC school or OSHCS (i.e. employee or enrolled student of a AASC School or OSHCS)
- Representing an Organisation (e.g. sporting club or local council)
- An individual deliverer whether paid or volunteer, not representing an organisation

If representing an organisation or School/OSHCS, please list the organisation name:

Tick which of the following applies to you:

- | | |
|---|---|
| <input type="checkbox"/> NSO, SSO, Regional Sporting body | <input type="checkbox"/> Community member |
| <input type="checkbox"/> Student | <input type="checkbox"/> Private Provider |
| <input type="checkbox"/> Local Club Member | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Other (please Specify) _____ | |

Have you completed any of the following qualifications (please attach evidence of completion):

- Teaching qualifications or currently in 4th year (primary or secondary)
- NCAS Beginning Coaching General Principles (or NCAS entry level coaching accreditation)
- Certificate III in Childcare or above

MEDICAL CONDITIONS

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ **PHONE:** _____

The course may involve physical activities, some of which may require a reasonable level of fitness. Are there any known reasons: illness, disability, impairment or otherwise, which may impact, limit or restrict your participation in the course?

- NO**
- YES** If 'Yes' please specify:

APPLICANTS RELEASE AND ACCEPTANCE

I declare the above information is true and correct. I authorise The Australian Sports Commission personnel to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf.

I agree to release the ASC from any liability to me for any injury or illness that I may suffer, and for any loss or damage to property in connection with the course, except where that liability arises as a result of negligence of the ASC.

The ASC collects personal information in the course of administering the AASC and this enrolment process. In order to administer the AASC, the ASC may disclose the personal details provided on this form to schools/OSHCS who are seeking to engage a person to deliver structured physical activities.

SIGNATURE: _____ **DATE:** _____

UNDER 18 (PARENT OR LEGAL GUARDIAN TO COMPLETE)

As the parent/legal guardian of _____ I give consent to his/her participation in the Australian Sports Commission Community Coach Training for which he/she has enrolled and agree to the release and acceptance information stated above.

NAME: _____

SIGNATURE: _____ **DATE:** _____