



CLUB COACH REGISTRATION FORM

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Work Ph: _____ Mobile: _____

Email: _____ D.O.B: _____

Bowls Club: _____ Zone: _____ RNSWBA Rego#: _____

Current NCAS Details (if applicable): NCAS/NOAS #: BA _____ Expiry: _____

Course Preference (Please Circle) Mid-Week or Weekend

Bowling Experience:

Reasons for wanting to become a Coach:

Any Other Coaching Experience (inc. other sports):

Please complete Declaration and Payment Details on Page 2.

Completed by: the prospective coach. Sent to: STA

Declaration

I hereby apply for my Club Coach Accreditation as approved by Bowls Australia.

To obtain my coaching accreditation, I acknowledge that:

- I will obtain a police check and a child protection check as per my state/territory requirements.
- My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988. I may be contacted directly by Bowls Australia regarding my coach accreditation and my information will not be passed on to any 3rd party.
- I have read the 'Coach's Code of Ethics' form and agree to abide by the terms and conditions.

If you have any privacy concerns or would like to verify information we hold about you, please contact Bowls Australia. I have read and I understand the above conditions:

Signature: _____ Date: _____
