BowlsWA
PO Box 123, Osborne Park, WA 6917
Ph: 08 9340 0800
Email: enquiries@bowlswa.com.au
ABN: 29 800 355 717

Club Coach Application Form

Course Date: _____ **Course Location:** _____

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Email: _____ Date of Birth: _____/_____/_____

Bowls Club: _____ _____

Current NCAS Details (if applicable):

NCAS/NOAS Number: BA _____ Expiry Date: _____

I hereby apply for my Club Coach Accreditation under the National Coaching Accreditation Scheme (NCAS).

To obtain my coaching accreditation, I acknowledge that:

- I will obtain a Working with Children Check (WWCC) 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.
- When I sign the 'Coach's Code of Ethics' form I agree to abide by all 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: _____

PAYMENT DETAILS

Please accept my $110 inc GST payment by:

☐ Cheque/Money Order ☐ Credit Card Card Type: _____

☐ Other: (please specify) _____

Name on card: _____ Card Number: _____/_____/_____/_____

Expiry Date: _____/_____ CCV: _____ Signature: _____

If you have any special needs, literacy or numeracy impairment, or other condition that requires consideration, please provide details of any modifications or assistance you require to undertake this course. (Information provided will be kept in the strictest confidence)

_____

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