



BowlsWA
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ABN: 29 800 355 717



Application for Bowls Australia Club Coach Reaccreditation

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

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

Bowls Club: _____ Zone/Region/District _____

Current Club Coach Details:

National Member ID #: _____ Expiry Date: _____

Reaccreditation Prerequisites –

I am applying for reaccreditation as a Club Coach ☐

I have provided evidence of regular practical coaching to my club president/secretary ☐

The “Current and Competent Letter” from my club is attached to this application ☐

I have viewed the online coaching videos on the Bowls Australia website
(<https://www.bowlswa.com.au/coaches-den-videos/>) ☐

I have acquired or renewed my Working with Children Check (WWC) & provided a copy
(www.checkwwc.wa.gov.au/) ☐

Signature: _____ Date: _____

PAYMENT DETAILS

Please accept my payment of \$20.00:

I am paying by:

☐ Cheque/Money Order ☐ Credit Card Card Type: _____
☐ Other: (please specify) _____

Name on card: _____ Card Number: _____

Expiry Date: ____/____ Signature: _____