

## APPLICATION FORM FOR COACH {Please complete right hand column with your details in Capitals Please} {Please Supply a passport type photograph in top left box thank you}

| FORENAMES  |   |
|--|---|
| SURNAME  |   |
| Date of Birth (DD/MM/YYYY)                         |   |
| ADDRESS (Street & House name or                    |   |
| Number.)   |   |
| ADDRESS (Town or City)                             |   |
| ADDRESS (Post Code)                                |   |
| Home Telephone No.                                 |   |
| Mobile Telephone No.                               |   |
| Email Address                                      |   |
| Have you ever been refused Membership              | YES/NO  |
| Of any Angling Club or Other Club                  | * Delete accordingly  |
| Have you ever been convicted of any                | YES/NO  |
| Offence other than Road Traffic Offences.          | * Delete accordingly  |
| Have you any Angling Coaching                      | YES/NO  |
| Qualifications                                     | * Delete accordingly (please supply on separate sheet if necessary) |
| Are you a member of any other Angling Club         | <b>YES/NO</b> * Delete accordingly                                  |
|  | Details:  |
| Are you a member of SANA                           | YES/NO  |
|  | * Delete accordingly  |
| If you can fish what is your discipline            | Coarse/Game/Sea * Delete accordingly                                |
| Do you require training to learn how to fish       | YES/NO  |
|  | * Delete accordingly  |
| If you are approved to be trained as a coach       | YES/NO  |
| Do you agree to attend all training and submit to  | * Delete accordingly  |
| Disclosure checks or PVG checks in relation to     |   |
| working with children and adults?                  |   |
| Do You Have Any Disability?                        | YES/NO  |
| (we need to know this only to make arrangements to | * Delete accordingly  |
| accommodate you on any course we may offer you)    | Details: (e.g Wheelchair User)                                      |
|  |   |

Any information supplied by you on the above form, which is false, shall mean that you will not be allowed to join any part of AFYD or receive any training related to AFYD. If allocated membership of AFYD and subsequently the information given is proved false then your membership will be terminated immediately. Please Sign agreeing to these terms.

| Your Full Signature                     | Date of Signature                  |
|---|------------------------------------|
|   |                                    |
|   |                                    |
|   |                                    |
| Date Received by Administrator (signed) | Date Application Approved (signed) |
|   |                                    |
|   |                                    |
|   |                                    |

**Data protection Acts** – The information you have supplied will be used by AFYD for the purposes you have supplied and any relevant procedures following from this. This data will be maintained in accordance with the Data Protection Acts and although it may be shared with other relevant persons for the purposes of training and joining AFYD, it will not be passed on or sold to any other organisation without your prior approval unless AFYD is legally obliged to do so.