

Personal declaration:

The information given in this form is true and I understand that any false statement will automatically result in my NFAS coach approval being voided instantly. I further declare that I know of no reason that would prevent me from fulfilling my duties as an NFAS Coach.

Signature:

Date:

Please return this form to:

Mr C Cleaver – NFAS Coach Training Coordinator
20, Setting Stones
Washington
Tyne and Wear
NE38 9EU

Tel: 07999 481257.

NB Form to be accompanied by:

- (i) 2 x passport style photographs
- (ii) Evidence of coaching within the last 3 years
- (iii) DBS (CRB) approval disclosure No. proof of revalidation
- (iv) Previous coaching license card.

1 Please do not attach your photographs to this space as this is for administration purposes

2. Please give full postal address including post code

3. Please enter the name of the NFAS club that you are a member of, if you aren't a member of an NFAS club please enter 'Independent'

4. You **MUST** enter you current membership No. if this field is left blank your application form cannot be processed.

5. You **MUST** be DBS approved to become an NFAS coach