



Coaching Renewal

Photo (See Note1)

Title		Mr Mr		lrs	3 N		liss		Ms		Other		r								
Full Name																					ſ
Date of Birth																					ſ
House No or Name and Street																					Γ
City / Town / Village																					Γ
County																					Γ
Country														Post Code							
Telephone Number Home																					[
Telephone Number mobile																					Γ
E-mail address																					Γ
Club Name(Note 2)																					Γ
How long have you been an active NFAS Coach ?							•	Year	s				Coa	ch	Num	ber					Γ
		NFA	AS N	lum	ber																
Please state your prefer	red	sho	otiı	ng s	tyle																Γ
Are you DBS (CRB) Approved						Ye	s	No)	F	las D)BS k	been	n ob	tain	ed v	ia N	FAS	Yes	N	lo
DBS (CRB) D	Discl	osu	re r	านm	ber																
Disclosure Date						/		1							-						
Are you registered with DBS Online Update Service?					Ye	s	No	,						_							
Do you give permission to view your online DBS?					Ye	s	No	,													
Do you intend to use your coaching qualification for business or personal financial gain?						Ye	s	No	,												

Disclaimer

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:

"National Field Archery Society and NFAS Ltd will process your data in accordance with the 2018 Data Protection Act. The information you provide will be used to maintain our membership / coaching records and administer field archery activities where membership information is required. Individual members details will not be shared with other organisations and data will not be sent outside the UK. For more information contact the Coach Training Co-ordinator". 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