

Appendix

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Application Form for Coaches/Leaders/Managers

UCD Athletic Union Council Club Coach/Leader/Manager Application Form

All information received in this form will be treated confidentially

Name:		
Maiden Name: (if applicable)		
Current Address:		
Previous address over the last five years:	Address 1	
	How long have you lived at this address?	
	Address 2	
	How long have you lived at this address?	
	Address 3	
	How long have you lived at this address?	
	Address 4	
	How long have you lived at this address?	
Date of Birth:		
Place of Birth:		
Tel. No.:		
Mobile No.:		
PPS Number (R.O.I. only):		
NI Number (N.I. only):		

Previous work/voluntary experience & relevant qualifications:	
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Do you agree to abide by the AUC's Code of Ethics & Conduct for Sports Coaches and the UCD Sport UCD Sport, UCD Sport and Fitness and UCD Student Centre Child Safeguarding Statement (copies available from www.ucd.ie/sport)?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Have you ever been asked to leave a sporting organisation in the past?
(If you have answered yes we will contact you in confidence)

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Please supply the names of two responsible people whom we can contact and who from personal knowledge are willing to endorse your application. If you have had a previous involvement in a sports club one of these names should be that of an administrator / leader in your last club / place of involvement.

Name:		Name:	
Address:		Address:	
Tel. No.:		Tel. No.:	
Position:		Position:	

For official use only:

Club:		Position applied for:	
Date application received:		Date of interview:	
Interviewed by:		Interviewed by:	
References received & are satisfactory:	Yes	<input type="checkbox"/>	No

Comments:

Statutory check completed & returned:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Proof of applicants identification received:	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Recommendation:	Approved		<input type="checkbox"/>	Not approved		<input type="checkbox"/>

Reason if not approved:

Signed:		Date:	
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