



FIHA-AHF Regional Level 2 Coaching Course Singapore- Application form

Application for attendance on the FIHA-AHF Regional Level 2 Coaching to be held in Singapore in parallel with the Women's Junior AHF Cup from 11-14 September 2019

Please complete in Black

| Personal Details | | |
|--|---|----------------------|
| Preferred Title Mr/Mrs | First Name(s) | Surname |
| | | |
| Address (including post code) | | |
| | | |
| Daytime telephone number (including code) | Evening/weekend/mobile telephone number (including code) | e-mail address |
| | | |
| Date of Birth | Nationality | Country of Residence |
| | | |
| Languages spoken | | |
| | | |

| Previous Coaching experience (in chronological order) | | | | |
|---|-----------|--------------|------------|----------|
| Employer: | Position: | Course name: | Date from: | Date to: |
| | | | | |



| | | | | |
|------------------|--|------------------|--|--|
| National team of | | Accommodating to | | |
| | | | | |

| Relevant Coaching , Coach Education and professional (degrees) Qualifications | | | |
|---|--------|-----------------|--------|
| Course details: | Dates: | Course details: | Dates: |
| | | | |
| | | | |

| Coaching Experience (Coach & Programme Manager roles) | | | |
|---|---------|--------|----------------------|
| Name of school/ | Dates: | Level: | Subjects and grades: |
| | From To | | |
| | | | |
| | | | |

| Disability |
|--|
| <p>Do you consider yourself to have a disability?</p> <p>No, I don't.</p> <p>We welcome applications from people with disabilities. If you have a disability and are invited for an interview, please give details of any special arrangements that you require.</p> |

| Disclosure of criminal convictions |
|---|
| <p>If you have ever been convicted of a criminal offence or cautioned please give details (offence, date and sentence imposed)</p> <p>I have never been convicted of a criminal offence or cautioned.</p> |

| Active Participation |
|----------------------|
|----------------------|



Some elements of the training course involve physical activity. Please state and participation concerns you may have:

No.

Referees

Please provide the name, telephone number and e-mail address of 2 referees

First referee:

Second referee:

Position:

Position:

Telephone:

Telephone:

Email:

Email:

Relevant Experience and Skills – Please detail any further relevant information

Declaration

I confirm that I wish to apply for a position on this FIH Hockey Academy Course and that I have the support of my NA and CF to do so.

Signed:

Date: