

ISLAND GAMES ATHLETICS TEAM ALAND 2009

(visit: <http://www.natwestislandgames2009>)

TEAM ASSISTANT APPLICATION FORM

NAME:		DATE OF BIRTH:	
ADDRESS:		CONTACT DETAILS:	
		Email:	
		Home:	
		Mobile:	
Work:			
NATIONALITY:	PASSPORT NO:	COACHING LICENCE NO:	
	EXPIRY DATE:	EXPIRY DATE:	
DETAILS OF ATHLETICS COACHING EXPERIENCE IN THE PAST TWO YEARS:			
DETAILS OF ATHLETICS TEAM MANAGEMENT EXPERIENCE:			
DETAILS OF ATHLETICS COACHING QUALIFICATIONS:			
Event(s)	Level	Date(s)	

CHILD PROTECTION DETAILS:

CURRENT C.R.B. CHECK: Yes/No EXPIRY DATE:

CHILD PROTECTION TRAINING Yes/No DATE:

ACCREDITED BY:

PLEASE PROVIDE DETAILS OF WHY YOU SHOULD BE CONSIDERED FOR THE POST OF TEAM ASSISTANT

If selected I agree to pay the required deposit of £250 in full by 15 Feb 09. The total cost is likely to be in the region of £800 and I understand that I may be expected to meet the full cost of the trip myself.

Signed: _____ **Date:** _____

**PLEASE RETURN THIS FORM BY 8 FEB 09 TO:
Sandra Winnie, Le Perchoir, La Rue Du Carrefour, Trinity, Jersey, JE3 5JH**