Coach Licence Application Form 2017-2018

Name of Applicant ………………………………………………………….

Address ……………………………………………………………………..

Email address ……………………………………………………………….

Tel. No. ……………………………………………………………………..

|  |  |  |
| --- | --- | --- |
|  | Venue/Type | Date Achieved |
| UKCC Level |  |  |
| Safeguarding Course |  |  |
| BasicFirst Aid |  |  |
| CPD Attendance |  |  |

I attach a cheque for £20 (please supply copies of your certicates)

**Please note the club/organisation employing the above coach should be aware it is their responsibility to request references and PVG check where applicable.**

Signed ………………………………………

Dated ……………………………………….

This Licence will give you automatic insurance cover as per Table Tennis Scotland Insurance Policy.