

APPLICATION



Course No: _____ Course date: _____ Fee Enclosed: £ _____

Course Title: _____

Applicant's Name: _____

Address: _____

_____ Post Code: _____

Tel. No. _____ Mobile: _____

Email: _____

Age: _____ Date of Birth: _____ Male Female

Is there any medical condition we should be aware of? Yes No

Please give details _____

Person to be contacted in an emergency:

Name: _____ Contact: _____

Ethnicity: (please tick most applicable)

- White (British, Irish, any other White Background)
- Mixed (White & Black Caribbean, White & Black African, White and Asian, any other mixed background)
- Asian or Asian British (Indian, Pakistani, Bangladesh, and any other Asian background)
- Black or British Black (Caribbean, African, and any other Black Background)
- Chinese
- Other

Are you a disabled person? (Delete as appropriate) Yes No

Please give details _____

- In the event of this course being fully subscribed, please put me on course No: _____
- If the course is fully subscribed, please return my course fee.

Checklist:

- Enclosed the Correct Fee
- Entered the Correct Course Number and Date
- Completed the Pre Registration Questionnaire overleaf
- You meet the requirements to apply for this course

To assist with this application please make out separate cheques for each course applied for. Please make cheques payable to Manchester City Council (unless stated otherwise).

**Please send completed application to Coach Education Office,
Sports Development Centre, Denmark Road, Hulme, Manchester M15 6FG**

First priority is given to Manchester Residents.



Please refer to Terms and Conditions & Booking Procedures before completing this form (back page of booklet).

FOR MORE INFO CALL **0161 232 3113**

PRE-REGISTRATION

IMPORTANT: Please ensure that this form is completed with your application form for the course you wish to apply for.

Are you in Education? Yes No

Are you in paid work? Yes No

If yes, is it: Full time Part Time Casual

If yes Occupation: _____

Are you in any other form of educational training? Yes No

Please give details _____

Are you currently employed by Manchester Leisure as a coach? Yes No

Do you receive benefits? Yes No

If yes please state _____

How did you hear about this course: (please tick)

- | | |
|---|---|
| <input type="checkbox"/> Sports Centre | <input type="checkbox"/> Community Centre |
| <input type="checkbox"/> Sports Development Officer | <input type="checkbox"/> Website |
| <input type="checkbox"/> Governing Body | <input type="checkbox"/> Other (please state) |

Are you involved with any Clubs or Community Groups at the moment? Yes No

If yes, which Club / Community Group: _____

Which areas are they based? _____

Would you be interested in future coaching work through Manchester Leisure? Yes No

Would you like to receive any further information of courses in the future. Yes No

I understand the requirements of the course and certify that the information on both the questionnaire and application form is correct, and that I will inform Manchester Leisure if any of these details change.

I have read and accepted the Terms and Conditions as set out by Manchester Leisure Sports Development (Back Page of Booklet)

Signed _____ Date _____

All information provided to Manchester Leisure Sports Development remains confidential and will not be divulged unless in the unlikely event of an emergency.

