

Appendix



# Application Form for Coaches/Leaders/Managers

# Application Form for Coaches/Leaders/Managers

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:	
---	--

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](http://www.ucd.ie/sport))?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
-----	--------------------------	----	--------------------------

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"/>
-----	--------------------------	----	--------------------------

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:	
---------	--	-------	--