

University of Birmingham Sport

COACHFORCE Education Application Form

Course/Workshop Title		Course Start Date	
Candidate Full Name	<i>Mr/Mrs/Miss/ Ms/Dr</i>	Date of Birth	
Correspondence Address			
Postcode		Tel No (Daytime/Mobile)	
Email Address <i>Please print clearly</i>			
Emergency Contact		Tel No	
For University of Birmingham Students	Current Degree Course:		
UoB Student number:		Athletic Union Members Please state your AU club:	
For Other Bookees: <i>Please Tick [✓]</i>	<input type="checkbox"/> University Staff (including AU coaches) Please state department	<input type="checkbox"/> Other Student Please state college/ university (NUS proof required for discounts)	<input type="checkbox"/> External Please state Club/School (if applicable)
Course Eligibility	Please check course information for pre-requisites/eligibility before booking. For qualifications that require a previous qualification standard, please enclose copies of previous qualification. E.g. To apply for a Football Level 2 please enclose Football Level 1 certificate or evidence of experience.		
Special requirements or Medical conditions	Please inform us of any special requirements or medical conditions which may affect your ability to complete this course (e.g. disabled access, dyslexia).		

Please tick if you do not wish to receive information on similar courses, coaching and volunteering opportunities or other University information in the future . Occasionally authorised photography/filming may take place during the course for promotion/publicity by the University. Please indicate if you do not wish to be photographed or filmed .

UBSport are not responsible for any actions of individuals on the course or for any damage or loss of property. Places are subject to payment in full in advance. Cancellations with less than 14 days notice will be subject to a charge equivalent to 25% of the total course fee. Cancellations with less than 7 days notice will be subject to payment in full of the total fee.

I understand all the requirements of the course, meet all pre-requisites as appropriate and enclose the full fee applicable for this course. I hereby consent to medical treatment should the emergency contact be unavailable.

Signed Candidate Date

The University will hold the information supplied in accordance with the Data Protection Act for administrative purposes.

Payment Method <i>Please Tick [✓]</i>	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Visa Delta <input type="checkbox"/> Maestro <input type="checkbox"/> JCB <input type="checkbox"/> Solo
	<input type="checkbox"/> Cash (<i>must be paid in person</i>) <input type="checkbox"/> Invoice (<i>only for organisations paying on behalf of bookee, Purchase Order N^o required</i>)
Card Payment	<p>I hereby authorise you to charge my card number to the value of £[.....]</p> <p>Name of cardholder: [.....]</p> <p>Card Number <input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></p> <p>Expiry Date [... / ...] Issue Date (if applicable) [... / ...]</p> <p>Issue Number (if applicable) [...] 3 Digit Security Code [...]</p>



Please return to: Memberships Office, Munrow Sports Centre, University of Birmingham, Edgbaston, Birmingham, B15 2TT

☎ 0121 414 4767 (Memberships) ☎ 0121 414 2259 (Course Info) 📠 0121 414 4764

📧 coachforce@contacts.bham.ac.uk www.sport.bham.ac.uk/coaching