

**Coaches Information Sheet**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

POST CODE: \_\_\_\_\_

Tel No: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**TEACHING/COACHING QUALIFICATIONS**

Employment	Qualification	Date Achieved	Expiry Date (where applicable)

**Coaching Experience:****Please read the following statements and circle as appropriate**

Do you hold a current First Aid qualification? YES / NO

Have you completed a CRB Disclosure Check? YES / NO

Are you a member of FA Coaches Club? YES / NO

**If YES please provide details:**

Type	Awarding Body	Qualification/ CRB Number	Date Achieved / Received	Expiry Date
First Aid				
CRB	CRB			N/A

**Please state your Availability and delete as appropriate**

<b>Availability:</b> - Breakfast Clubs (7.45am – 8.45am)	YES / NO
Lunch Clubs (12noon – 1.00pm)	YES / NO
After School Clubs (3.30pm – 5.00pm)	YES / NO
Evenings:	YES / NO
Weekends:	YES / NO
School holidays	YES / NO

**Please read the following statements and circle as appropriate**

I consent to the information above being stored on the  
 Coaches database for use by GNS Sports staff **ONLY** in order to contact me with Coaching work

YES / NO

Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_