

COACH AND MENTOR APPLICATION FORM 1

1. Name:

Surname: _____

Forename: _____

Previous name (if any): _____ (Please register with the name you are known ie, if you are known by an Irish name, please use the same name to register with club, applying for Garda vetting, safeguarding course and training courses etc). If you are known by your married name, please use married name and not maiden name for all of the above.

2. Address:

Email: _____

Home telephone number: _____ Mobile number: _____

3. Role applied for? _____ **Club** _____

4. Team: Year / Code: _____

5. Child Safeguarding Vetting, Training and Coaching Qualification

5(i) Have you completed the **vetting process** in accordance with Association procedures **Yes**____ **No**____

5(ii) Have you attended a **Child Safeguarding workshop** relevant to your role as approved by your Association? (Sport Ireland approved) **Yes** ____ **No**____

5(iii) Do you possess a **coaching qualification** as required by your Association for your role **Yes**____ **No**____

6. Please outline why you wish to become involved in our club:

7. Please give details of any previous involvement in sports including coaching experience and relevant qualifications if any:

8. Do you suffer from any illness or medical condition which may at times affect your ability to work with young people in this role? If so, please give details:

9. Have you ever been asked to terminate your involvement in any Sporting or Community Organisation? (If yes we will contact you in confidence): Yes ___ No ___

CODE OF BEHAVIOUR UNDERAGE SECTION 12 65 8

PTO

Please supply the name, address, and a contact telephone number of two people (non-relative), who from personal knowledge are willing to support your application. If you have a previous involvement in a sports organisation one of these two named person (below) should be from that sports organisation. Team Coordinator could be named here if applicant is known to him / her.

Name 1: _____

Address: _____

Tel No: _____

Name 2: _____

Address: _____

Tel No: _____

Declaration:

- I confirm that nothing within my personal or professional background may deem me unsuitable for a position which involves working with children/young people in sport.
- I declare that the above information is true and agree to abide by The Code of Behaviour (Underage) when working with underage players
- I agree to abide by the Rules of the Association.

Signed: _____ Date: _____

This form should be returned to and retained by the club Children's Officer.

FOR CLUB USE ONLY

Checked by phone _____ Visit _____ Application date: _____

Checked and validated by:

(1) Club Children's Officer: _____ Date: _____

Signed: _____

(2) CCC1 / CCC2 / Adult Coordinator: _____ Date: _____

Signed: _____

Approval given: Yes ___ No ___

Date Coordinator and Applicant informed: _____ Date: _____