



Candidate Application Form and Profile



EXCELLENCE IN SPORTS COACHING

Course Details: UKCC Level 2 (Club Coach) course
CLOSING DATE FOR APPLICATIONS IS STRICTLY : 11TH. AUGUST, 2010

Location	Dates	Ref
DEESIDE COLLEGE, KELSTERTON ROAD, CONNAH'S QUAY, DEESIDE, FLINTSHIRE, CH5 4BR	11/12 SEP & 9/10 OCT + 21 NOV 2010	NAT19-10

Personal Details:

Title:	<input type="text"/>	First Name:	<input type="text"/>	Surname:	<input type="text"/>
Gender:	<input type="text" value="Male/Female"/>	Date of Birth:	<input type="text"/>		
BJA Membership No:	<input type="text"/>	Expiry Date:	<input type="text"/>		
Tick this box if you are not a BJA Member:	<input type="text"/>	Name of Judo Association you are affiliated to:	<input type="text"/>		
Postal Address:	<input type="text"/>				
Telephone No. (home):	<input type="text"/>	Telephone No. (mobile):	<input type="text"/>		
Email:	<input type="text"/>				

Ethnicity - I would describe my ethnic origin as:

Asian British Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other White	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	White British	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	White European	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	White Non European	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>		<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

Disability:

Do you consider yourself to have a disability?	<input type="text"/>	Yes/ No/ Prefer not to say
If yes, what is the nature of your disability?	Please provide further details if any support is required.	
Hearing	<input type="checkbox"/>	Physical
Learning	<input type="checkbox"/>	Visual
Mobility	<input type="checkbox"/>	Other
Multiple	<input type="checkbox"/>	Prefer not to say

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Payment Details: Course Fee is: £425 – payable to the BJA.

Cheque:	Account Name:		Account No:	
Credit/Debit Card No:				Issue No:
Account Name:		Valid From:		Expiry Date:
Signature:				

Pre-Requisite Documentation – Please tick to indicate that you have attached evidence of the following compulsory pre-requisite requirements:

For Level 1		For Level 2		For Level 3	
be at least 17 years of age	<input checked="" type="checkbox"/>	be at least 18 years of age		be at least 21 years of age	<input checked="" type="checkbox"/>
hold a minimum of BJA Grade 2 nd Kyu	<input checked="" type="checkbox"/>	hold a minimum of BJA Grade 1st Kyu		hold a minimum of BJA Grade 1 st Dan	<input checked="" type="checkbox"/>
Please tick the box to indicate that you have included two passport sized (recent) photographs of yourself to retain on our database.					<input type="checkbox"/>

Candidate Profile: Please complete the following questions to help us to maximise your learning experience. The information will be shared with the course tutors to enable them to provide quality delivery, support and facilitation for all candidates on the course.

How many years have you participated in judo? years
What is your judo grade?Kyu/Dan
Do you have any competitive Judo experience, if so at what level? (delete as appropriate)	Club/County/ Area/ National/International
Roughly, how many years have you coached or assisted prior to this course? years
Please rate your coaching experience between 1-10 (where 1 is poor and 10 is excellent)	1 2 3 4 5 6 7 8 9 10 Please circle
How many times a week do you presently coach or assist? per week
In the future, how many times a week would you like to coach? per week
Please list any other relevant Coach awards / certificates and /or qualifications you have gained.	
Have you any other information that you feel would be helpful for us to know prior to your attendance?	

Please return application form, payment and pre-requisite evidence where applicable to:

The Coaching Administrator, British Judo Association, Suite B, Technology Centre,
Epinal Way, Loughborough LE11 3GE . TEL: 01509 631 670 FAX: 01509 631 680.