

Bowls Queensland PO Box 476 Alderley QLD 4051 3354 0777

Cutheringa Bowls Club 27th & 28th September 2024 9 am to 4.30 pm \$60



Club Coach Accreditation Application Form PLEASE NOTE THAT ALL PARTICIPANTS MUST RETURN THE SIGNED FORM BY THURSDAY 12th SEPTEMBER 2024

Title:	Surname:	Given Names:	
Address:			
Suburb:		State:	P/C:
Home Ph:	B	Business Ph:	Mobile:
Email:			
Bowls Club:		District:	
Blue Card Number: Expiry Date:			
Credit Card Payment			
Card Number: Exp:/**Amount: \$			
Name: Signature: Signature: Signature: Signature:			
your total. (If using EFT, please put your name as the reference) EFT details: Westpac Bank A/C Name: Bowls Queensland BSB: 034036 A/C: 366261 Cheque/Money Order to be made payable to Bowls Queensland PO Box 476 Alderley QLD 4051 admin@bowlsqld.org			
I hereby apply for my club coach accreditation under the National Coaching Accreditation Scheme. (NCAS) To obtain my coaching accreditation I acknowledge that:			
I will obtain a blue card as required by the Bowls Queensland Policy.			
 My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988. I may be contacted directly by Bowls Australia regarding my coach accreditation and my information 			
 will not be passed on to any 3rd party. I have read the 'Coach's Code of Ethics' form and agree to abide by the terms and conditions. 			
Queensland or l	Bowls Australia. I have rea	d and I understand the above	
I hereby apply for my Coaching Accreditation under the National Coaching Accreditation Scheme (NCAS).			
SIGNATURE: DATE:		DATE:	
Refunds and c	ancellations		
Refund requests of an attended course which you are deemed as not passing, will not be approved.			
Payment for the accreditation must be received by Bowls Queensland prior to the scheduled start date of the course. ENDORSEMENT OF APPLICATION BY CLUB The Committee has no reservations about the suitability of the applicant for club coaching at the level for which application is made.			
	CLUB: POSITION: Club Secretary Club President		
NAME:		SIGNATURE:	DATE: