

CLUB & COACH EDUCATION PROGRAMME

WORKSHOP BOOKING FORM

For more information contact Nottinghamshire County Council

Tel: 0115 977 3464 Email: sportsadmin.cc@nottscc.gov.uk



**Nottinghamshire
County Council**

Name _____

Address _____

_____ **Postcode** _____

District Ashfield Bassetlaw Broxtowe Gedling Mansfield
 Newark and Sherwood Nottingham City Rushcliffe

Email _____

Telephone _____ **Mobile** _____

Data Protection 1998: Your information will be held on a secure database, used for monitoring and to inform you of suitable courses, events and information relating to Nottinghamshire County Council and our partners. We will not pass your details to any other party without your prior consent. You can remove your personal details at any time by contacting us by post or info.intosport@nottscc.gov.uk. Please indicate whether you agree to being contacted regarding the following:

Newsletter Coaching information Club information

WORKSHOP DETAILS

Workshop 1

Workshop Title _____

Date / /2009

Workshop 2

Workshop Title _____

Date / /2009

Workshop 3

Workshop Title _____

Date / /2009

Are there any practical ways in which we can ensure that you enjoy this course?

I enclose a cheque for £..... payable to **Nottinghamshire County Council**
Please complete this form and return to: Coach Education, Nottinghamshire County Council,
Thoroton Road, West Bridgford, Nottingham, NG2 5FT

YOUR SPORT

Are you involved in a club Yes/No

If Yes please detail:

Club Name _____

Your role _____

Does your club have Clubmark/NGB Accreditation Yes/No

If No:

Are you working towards Clubmark/NGB Accreditation Yes/No

Would you like more information on Clubmark/NGB accreditation Yes/No

Are you a coach? Yes/No If yes what sport? _____

Coaching Qualification? I don't have a Qualification
 Level 1 Level 2 Level 3 Level 4

SPORTS EQUITY

Are you? Male Female

Would you describe yourself as?

- White Mixed
- Asian Asian British
- Black Black British

Other _____

Do you consider yourself to have a disability

Yes No

If yes please tick as appropriate

- Physical Impairment
- Learning Difficulty
- Hearing Impairment
- Visual Impairment