



Australian Government  
Australian Sports Commission

# Active After-school Communities

Helping kids and communities get active

## Community Coach Training Enrolment Form

Please complete both pages of the registration form and return to the contact listed on the Course Brochure or fax to: 86987700

Course Date: \_\_\_\_\_ Course Venue: \_\_\_\_\_

### PERSONAL DETAILS

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

TELEPHONE: (W) \_\_\_\_\_ (H) \_\_\_\_\_

TELEPHONE: (M) \_\_\_\_\_ FAX: \_\_\_\_\_

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

GENDER (Please circle)      M / F

ARE YOU OF ABORIGINAL OR TORRES STRAIT ISLANDER (TSI) ORIGIN?

NO       ABORIGINAL       TSI

DO YOU HAVE A SIGNIFICANT DISABILITY OR LONG TERM MEDICAL CONDITION? YES / NO

IF YES, WHAT IS THE NATURE OF YOUR DISABILITY? \_\_\_\_\_

ARE YOU FROM A NON-ENGLISH SPEAKING BACKGROUND (NESB)? YES / NO

IF YES, PLEASE SPECIFY: \_\_\_\_\_

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

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

TOWN/SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TYPE: Which one of the following applies to you. Are you:

- An internal deliverer from a AASC school or OSHCS (i.e. employee or enrolled student of a AASC School or OSHCS)
- Representing an Organisation (e.g. sporting club or local council)
- An individual deliverer whether paid or volunteer, not representing an organisation

If representing an organisation or School/OSHCS, please list the organisation name:

Tick which of the following applies to you:

- |   |   |
|---|---|
| <input type="checkbox"/> NSO, SSO, Regional Sporting body | <input type="checkbox"/> Community member |
| <input type="checkbox"/> Student                          | <input type="checkbox"/> Private Provider |
| <input type="checkbox"/> Local Club Member                | <input type="checkbox"/> Local Government |
| <input type="checkbox"/> Other (please Specify) _____     |   |

Have you completed any of the following qualifications (please attach evidence of completion):

- Teaching qualifications or currently in 4<sup>th</sup> year (primary or secondary)
- NCAS Beginning Coaching General Principles (or NCAS entry level coaching accreditation)
- Certificate III in Childcare or above

### MEDICAL CONDITIONS

PERSON TO CONTACT IN CASE OF EMERGENCY:

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

The course may involve physical activities, some of which may require a reasonable level of fitness. Are there any known reasons: illness, disability, impairment or otherwise, which may impact, limit or restrict your participation in the course?

- NO
- YES If 'Yes' please specify:

\_\_\_\_\_  
\_\_\_\_\_

### APPLICANTS RELEASE AND ACCEPTANCE

I declare the above information is true and correct. I authorise The Australian Sports Commission personnel to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf.

I agree to release the ASC from any liability to me for any injury or illness that I may suffer, and for any loss or damage to property in connection with the course, except where that liability arises as a result of negligence of the ASC.

The ASC collects personal information in the course of administering the AASC and this enrolment process. In order to administer the AASC, the ASC may disclose the personal details provided on this form to schools/OSHCS who are seeking to engage a person to deliver structured physical activities.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### UNDER 18 (PARENT OR LEGAL GUARDIAN TO COMPLETE)

As the parent/legal guardian of \_\_\_\_\_ I give consent to his/her participation in the Australian Sports Commission Community Coach Training for which he/she has enrolled and agree to the release and acceptance information stated above.

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_