



Football NSW Limited
 ABN 25 003 215 923
 Postal Address: PO Box 6146, Baulkham Hills BC NSW 2153
 Street Address: 235 . 257 Meurants Lane, Glenwood NSW 2768
 Phone: 8814 4400 | Fax: (02) 8814 4483
 www.footballnsw.com.au | Email: info@footballnsw.com.au

COMPETITION CARD
 ID NO: _____

ALL FIELDS MUST BE FULLY COMPLETED OR FORM WILL NOT BE PROCESSED

FOR THIS FORM TO PROCEED IT MUST BE TYPED OR BLOCK PRINTED AND RETURNED TO FOOTBALL NSW WITH A COLOUR PASSPORT PHOTO.

**ALL OFFICIALS MUST PROVIDE PROOF OF ID
 (ie. Government Issued Photo ID, Drivers Licence, Passport or RTA Proof of Age Card)**

We, the undersigned Club and Coach, whose details appear below, hereby wish to register the said Coach with Football NSW Limited as a COACH with

CLUB DETAILS IN FULL:

Full Club Name	Full Division Title	Grade

COACH DETAILS IN FULL:

Surname	Given Names

Address	Suburb	Postcode

Business Phone	Home Phone	Mobile Phone

Fax No.	E-mail Address

Country of Birth	Date of Birth	Resident Status

(Aust Citizen, Permanent Resident or Temporary Visa)

Full Name of Previous Club (most recent)

Are you currently under suspension	YES/NO

Do you currently hold an Australian National Coaching Scheme Licence	YES/NO

COMMUNITY LICENCE (Australian National Coaching Scheme Licence) - Please give full Licence details

Name of Licence	Accreditation No.	Expiry Date

Do you currently hold an AFC Licence	YES/NO

ADVANCED LICENCE (AFC Licence) - Please give full Licence details

Name of Licence	Accreditation No.	Expiry Date

Are you currently attending a Coaching Course	YES/NO	Name of Course

Do you currently hold a First Aid Certificate	YES/NO

CHILD PROTECTION

Did you attend one of our seminars	YES/NO
Did you complete the course online	YES/NO (If <u>YES</u> attach copy of certificate)



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COACH DECLARATION

I hereby consent to perform the duties of a Coach under the Jurisdiction of and for Football NSW Limited as a registered Coach. I acknowledge that, if this application is accepted it shall be in respect of the 20____ (Insert Year) season only and that a further application must be made in respect of any subsequent season.

I acknowledge and agree that if Football NSW Limited accepts this application, I will observe and be bound by all the provisions from time to time in force of the Memorandum and Articles of Association and Rules and Regulations of Football NSW Limited.

I have a current Private Health Insurance Policy with:

(Fund Name): _____

PLEASE NOTE THAT MEDICARE IS NOT A PRIVATE HEALTH INSURER.

 Signature of Coach

____/____/____
 Date

 Signature of Club Secretary

____/____/____
 Date

PRIVATE HEALTH FUND

DISCLAIMER STATEMENT

I _____ a registered Coach with the _____

Club advise that I am not a member of a Private Medical Fund.

I further advise that in the event of an injury sustained by me, the Club is hereby indemnified against any action by me to recover any medical costs not covered by the standard **Personal Accident Insurance**

Policy provided through **FOOTBALL NSW LIMITED** .

 Signature of Coach

____/____/____
 Date

FOR FOOTBALL NSW LIMITED OFFICE USE

INVOICE		NEW ID		DATE		SIGNED	
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