



Cumberland Football Association Limited

Candidate Application Form



Please complete all sections in **BLOCK CAPITALS**. This information will be used to register you with the relevant awarding body, and to help the tutors prepare for your course. *Mandatory information.

Candidate Information:

First name*		Title	
Surname*			
Gender*	Male / Female	Date of Birth*	
Full Postal Address*			
Postcode*		Contact Telephone No.*	

Additional Personal Details:

Email Address			
Mobile Telephone No.*			
Club/School/College/Organisation*			
CV summary of other football coaching awards & other relevant awards held <small>e.g Teacher/other sport coaching awards/Unit D32/D33/A1 etc</small>			
CFACA Member <small>(Cumberland FA Coaches Association)</small>	Yes / No	FACA Member <small>(The FA Coaches Association))</small>	Yes / No
CRB Disclosure Number <small>(Criminal Records Bureau Check)</small>			

Ethnicity*

I would describe my ethnic origin as:

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

Disability*

Do you consider yourself to have a disability? If Yes, what is the nature of your disability?

Hearing Learning Visual Multiple Mobility Physical Other Prefer not to say

Course Applied for: (Please tick)

Level One Certificate in Coaching Football	<input type="checkbox"/>	The FA Goalkeeper Coaching Award (Level 1) <small>(Please provide copies of your Level One, Emergency Aid & Safeguarding Children certificates)</small>	<input type="checkbox"/>
The FA Emergency First Aid Workshop	<input type="checkbox"/>	The FA Safeguarding Children in Football Workshop <small>(Formerly known as Child Protection – Best Practice Workshop)</small>	<input type="checkbox"/>
Welfare Officer Workshop	<input type="checkbox"/>	Coaching Disabled Footballers Course	<input type="checkbox"/>
Age Appropriate Coaching – Introductory Module <small>(Please provide copy of your Level One Certificate)</small>	<input type="checkbox"/>	The FA Youth Award – Module 1 <small>(Please provide copy of your Level One Certificate)</small>	<input type="checkbox"/>
The FA Introductory Award to Futsal	<input type="checkbox"/>	The FA Introductory Certificate in Coaching Adults	<input type="checkbox"/>
Course date(s)*			
Course venue*			

Payment Method: (please complete as appropriate)

Cash	<input type="checkbox"/>	Cheque <small>(payable to "Cumberland FA")</small>	<input type="checkbox"/>	Credit / Debit Card* <small>(please complete details below)</small>	<input type="checkbox"/>
Card Type			Cardholder Name <small>(as it appears on the card)</small>		
Card Number <small>(16 digits)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Valid from Date	<input type="text"/>	<input type="text"/>	Card Expiry Date	<input type="text"/>	<input type="text"/>
Card issue number <small>(Maestro/Solo/Switch/Electron)</small>	<input type="text"/>	Security number <small>(last 3 digits from strip on reverse of card)</small>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount to pay			£		

Please note that a web-based transaction system will be used for credit / debit card payments

Declaration*

I understand that the course I am applying for will require me to participate as a coach and as a player, and I confirm that I am physically prepared to participate.	Yes / No
I do not have any medical conditions that might restrict my ability to participate. (If you do consider that you have any medical conditions which might limit your participation these should be provided separately and will be treated confidentially.)	Yes / No
I agree to abide by the Course Regulations, and understand that neither The Football Association, The Cumberland FA Ltd, or the Authority/Organisation, which provides the facilities, is under any liability in respect of any injury, loss or damage, which I may sustain.	
Signature	Date

N.B. Please check with the County Office prior to booking onto a course for availability of places and confirmation of the course fee. Places will be booked on a first come, first served basis on receipt of application, however, application forms received without payment cannot guarantee a place on a course. You will then receive confirmation of your place on the course at the earliest opportunity.

Please complete and return this form with payment to:
Cumberland Football Association, 17 Oxford Street, Workington, Cumbria, CA14 2AL

*****Please note that if your Club are paying for your course fee, then you must enclose a letter from your Club stating that they wish to be invoiced with your application form*****