



# Cumberland Football Association Limited

## Candidate Application Form – Coach Education Programme 2010



<b>Course:</b>	<b>Junior Football Organisers Course – FEMALE ONLY</b>		
<b>Date:</b>	<b>Saturday 17 April 2010</b>	<b>Venue:</b>	<b>Frenchfields, Penrith</b>

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*	Female	Date of Birth*	
Full Postal Address*			
Postcode*		Contact Telephone No.*	

### Additional Personal Details:

Email Address	
Mobile Telephone No.*	
Club/School/College/Organisation*	

### 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

### 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. <i>(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.)</i>	Yes / No
I agree to abide by the Course Regulations, and understand that neither Cumberland Football Association, The Football Association, 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