

## Candidate Application Form – UKCC Level 1

If you are applying to attend a **Volleyball England UKCC Level 1 course**, you should complete this form and return along with the fee to **Richard Stacey-Chapman, Volleyball England, Sportpark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF** [r.stacey-chapman@volleyballengland.org](mailto:r.stacey-chapman@volleyballengland.org). Please complete all sections in BLOCK CAPITALS. (\* indicates mandatory information).

Course Details			
Course date(s)*:		Fee attached:	
Venue*:			

Essential Candidate Registration Details*			
First name*:		Known as name:	
Surname*:			
Gender*: (Please circle)	Male	Female	Date of birth*:
Full postal address*:			
Postcode*:		Contact telephone no.*:	
Email address:			
Unique Learner Number:			

Emergency Contact Details			
Name:		Relationship to you:	
Contact Number:			

Ethnicity			
I would describe my ethnic origin as:			
Asian British Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Mixed White and Black	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>
		Other White	<input type="checkbox"/>
		Pakistani	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>
		White British	<input type="checkbox"/>
		White European	<input type="checkbox"/>
		White Irish	<input type="checkbox"/>
		White Non-European	<input type="checkbox"/>

Disability*			
Do you consider yourself to have a disability? * (Please circle)	Yes	No	
If Yes, what is the nature of your disability?			
Hearing	<input type="checkbox"/>	Multiple	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Visual	<input type="checkbox"/>
		Mobility	<input type="checkbox"/>
		Physical	<input type="checkbox"/>
		Other	<input type="checkbox"/>
		Prefer not to say	<input type="checkbox"/>

# 1st4sport Qualifications

the awarding body for active learning and leisure

Are there any particular requirements you have relating to your disability? * (Please Circle)	Yes	No	
If Yes, please state.....			

Medical*			
Do you have any medical conditions the tutor should be aware of? * (Please circle)	Yes	No	
If Yes, please state.....			

Declaration*		
I am intending on coaching players under the age of 18	Yes	No
I have a Criminal Records Bureau (CRB) check with Volleyball England: (Please circle if applicable) If no, and a CRB check is required, Volleyball England will contact you	Yes	No

Data Protection: Any information provided by you will be held centrally by Volleyball England on its computer databases and by Volleyball England Commissions used for administering your involvement in volleyball. Data may be passed to authorised data processes and used for this purpose.

If you do not wish any of your details to be disclosed to members or public enquirers please tick this box

We will from time to time contact you by telephone, email or other electronic means to promote Volleyball England products and services. If you do not want to receive these communications please tick this box

This will mean you will **NOT** receive an electronic copy of 3Touch Volleyball magazine, the monthly e-newsletter or any other promotional communication from Volleyball England including information on events and competitions.

We may from time to time pass your information on to carefully selected partners. If you do not want your details passed on to Volleyball England partners please tick this box

Volleyball England is working in conjunction with sportscoach UK to provide coach education and development resources and offer you a free network membership to sportscoach UK's website. If you do not wish to have free sportscoach UK network membership please tick this box

I agree to be bound by the Code of Conduct for Coaches (available on the Volleyball England website) and accept the authority and jurisdiction of Volleyball England.

I understand and agree to be bound by the application, cancellation/refund and liability policy for Volleyball England courses.

By signing this form I agree to the terms and conditions in these documents. The documents can be found on [www.volleyballengland.org/Coaching/Courses/termsandconditions.php](http://www.volleyballengland.org/Coaching/Courses/termsandconditions.php)

Signature:		Date:	
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