

COACHING FUND

Application Form 2010



Section 1: Club/Organisation Profile

1. Applicant Details

Name of Club/Organisation:

Club Web Address:

Chairperson:

Treasurer:

Secretary:

Details of Contact Person for Club to be listed on WSP Website

Name:

Position in club:

Address:

Tel No:

Email:

2. Bank Account Details:

Any payments may be processed directly to your Bank/Building Society Account.
Please provide the following details :

Name of Bank/Building Society

Address of Bank/Building Society

Account Name:

Account No.:

3. Affiliation

(i) Is your club/organisation affiliated to a National Governing Body (NGB)?

Yes

No

(ii) If yes, please state name of NGB.

4. Club/Organisation membership details: (please give numbers)

Age Group	Male	Female
12 years and under		
13 - 18 years		
19 – 45 yrs (Senior)		
46 yrs plus (Veteran)		
Total		

Section 2: About your Club *(Please add additional sheets if necessary)*

5. Please describe the purpose of your club/organisation and specify the sports/physical activities you provide for your members:

6. Please specify qualified coaches in your club:

Name of Coach	Qualification Held	Awarding Body

7. Child Protection

(i) Does your club have a child protection policy? Yes No

(ii) Has your club/organisation attended a certified Child Welfare & Protection awareness course? Yes No

If yes, name of certifying body:

If no, would you be prepared to attend such a course? Yes No

Please Note: Grants will not be allocated until a club member has attended a Child Welfare & Protection Awareness Course.

8. Does your club offer opportunities for participation for people with disabilities? Yes No

Please detail

Would your club be interested in attending a workshop on Adapted Physical Activity for People with Disabilities? Yes No

Section 3: Coaching

Introduction:

This fund focuses on developing quality coaching resources in Waterford and encouraging all coaches/volunteers to undertake appropriate education and training.

If you wish to apply for assistance in respect of participation in approved Training/Coach Education please complete the following:

Description of identified Training/Education Course (NGB, NCTC courses)

9. Name of Participant(s) for Training/Coach Education Course:

1	
2	
3	
4	
5	

10. Course Details

(i) Course Title:

(ii) Organising/Accreditation body:

(iii) Level of course eg. Introductory, Level 1 etc.

(iv) Venue

(v) Date and Duration:

(vii) Course Fee per individual:

11. Briefly outline the objectives for doing the course and how it will benefit your club

12. Estimated cost of attending Training/Coach Education Course: €

The costs are expected to be met as follows:	
a) From personal funds	€
b) From club/organisation funds	€
c) From Waterford Sports Partnership Coaching Fund	€

13. If your club is interested in any other training areas please detail below.

Declaration

I hereby certify that I have read and understand the Coaching Fund criteria and that the information supplied on this application is complete, correct and accurate in every respect and it is on that basis only that this application is submitted for consideration and accepted for consideration by Waterford Sports Partnership. I further understand that the submission of any incorrect or inaccurate information will render the application null and void.

SIGNED: (on behalf of club/organisation)

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DATE:

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NAME (Block Capitals) :

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Completed application forms should be returned to:

WSP Coaching Fund
Waterford Sports Partnership,
Civic Offices,
Dungarvan,
Co. Waterford.
Tel: 058 – 21190
Fax: 058 - 23110
Email: info@waterfordsportspartnership.ie
www.waterfordsportspartnership.ie

THE DECISION OF THE COMMITTEE IS FINAL