



Bowls Queensland
 PO Box 476
 Alderley QLD 4051
 3354 0777

\$60



Club Coach Accreditation Application Form

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Email: _____

Bowls Club: _____ District: _____

Blue Card Number: _____ Expiry Date: _____

Credit Card Payment (American Express & Diners Club cards are not accepted)

Card Number: _____ Exp: ____/____ **Amount: \$_____

Name: _____ Signature: _____

Credit cards incur 1% extra on total amount. This will be automatically charged to the balance if it is not included in your total. If choosing to pay via EFT, please email details when submitting form
 (If using EFT, please put your name as the reference)
 EFT details: Westpac Bank A/C Name: Bowls Queensland BSB: 034036 A/C: 366261
 Cheque/Money Order to be made payable to Bowls Queensland
 PO Box 476 Alderley QLD 4051 admin@bowlsqld.org

I hereby apply for my club coach accreditation under the National Coaching Accreditation Scheme. (NCAS)

To obtain my coaching accreditation I acknowledge that:

- I will obtain a blue card as required by the Bowls Queensland Policy.
- My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988. I may be contacted directly by Bowls Australia regarding my coach accreditation and my information will not be passed on to any 3rd party.
- I have read the 'Coach's Code of Ethics' form and agree to abide by the terms and conditions.

If you have any privacy concerns or would like to verify information, we hold about you, please contact Bowls Queensland or Bowls Australia. I have read and I understand the above conditions:

I hereby apply for my Coaching Accreditation under the National Coaching Accreditation Scheme (NCAS).

SIGNATURE: _____ DATE: _____

Refunds and cancellations

Payment for the accreditation must be received by Bowls Queensland prior to the scheduled start date of the course.

ENDORSEMENT OF APPLICATION BY CLUB

The Committee has no reservations about the suitability of the applicant for club coaching at the level for which application is made.

CLUB: _____ POSITION: Club Secretary Club President
 (Tick appropriate)

NAME: _____ SIGNATURE: _____ DATE: _____

Form to be completed by the prospective coach.

Please return to: Bowls Queensland, PO Box 476, Alderley 4051 admin@bowlsqld.org