**A person dancing on a white background

Description automatically generated with low confidence**

**Graphical user interface, website

Description automatically generated**

|  |  |
| --- | --- |
|  | **COACHES’ REGISTER APPLICATION FORM** |

**Please complete all sections of this document, then email your completed form to:** [**register@bounce-fit.com**](mailto:register@bounce-fit.com)

**Full information on the Official UK Register of Licensed Gymnastics Coaches can be found here:** [**https://winstrada.com/inclusion/register.shtml**](https://winstrada.com/inclusion/register.shtml)

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Full Name (including any middle names)** | | |
| Click here to enter text | | | |
|  | | | |
|  | **Home Address  (This will not be revealed to prospective employers)** | | |
| Click here to enter text | | | |
|  | | **E-mail address (This will not be shared with prospective employers unless you request it)** |
| Click here to enter text | | |
|  | | |
|  | | **Gymnastic Discipline Qualifications:** |
| Awarding body | | Click here to enter text |
| Certificate Number or  Validation | | Click here to enter text |
| Dates | | Click here to enter text |
|  | | **Gymnastic Discipline Qualifications - additional:** |
| Awarding body | | Click here to enter text |
| Certificate Number or  Validation | | Click here to enter text |
| Dates | | Click here to enter text |

|  |  |
| --- | --- |
|  | **Gymnastic Discipline Qualifications - additional:** |
| Awarding body | Click here to enter text |
| Certificate Number or  Validation | Click here to enter text |
| Dates | Click here to enter text |

|  |  |
| --- | --- |
|  | **Gymnastic Discipline Qualifications - additional:** |
| Awarding body | Click here to enter text |
| Certificate Number or  Validation | Click here to enter text |
| Dates | Click here to enter text |

|  |  |
| --- | --- |
|  | **DBS Details:** |
| Certificate Number | Click here to enter text |
| Date of Issue | Click here to enter text |
| Type of Disclosure (please delete as applicable) | **ENHANCED / STANDARD** |
| Position (as stated on DBS check) | **CHILD WORKFORCE / ADULT WORKFORCE / CHILD AND ADULT WORKFORCE** |
| Counter- signatory  (Body or Individual) | Click here to enter text |
|  | |
|  | **DBS DECLARATION** |
| I confirm that my DBS certificate shows ‘none recorded’ in all of the following areas:   * Police Records of Convictions, Cautions, Reprimands and Warnings * Information from the list held under Section 142 of the Education Act 2002 * DBS Children’s Barred List Information * DBS Adults Barred List Information * Other Relevant Information disclosed at the Chief Police Officer(s) discretion   **Click here to enter name** (by inputting your name here you are understood to have signed this important aspect, and verified that the information provided is true and correct). | |
| |  |  | | --- | --- | |  | **Are you currently the subject of an investigation from a sports body, or is an investigation pending?** | | **YES / NO** | | |  | | |  | **Space to provide additional details (if necessary)** | | Click here to enter text | | | |
|  | **Type of Current Insurance Held (if any) and Policy Number** |
| Click here to enter text | |
|  | |
|  | **Insurance Provider (if applicable)** |
| Click here to enter text | |

|  |  |
| --- | --- |
|  | **Insurance renewal due date (if applicable)** |
| Click here to enter policy start date | |
| Click here to enter policy end date | |

|  |  |
| --- | --- |
|  | **Would you like your name and qualification details passed to clubs, schools etc in your area who are seeking to employ coaches with your particular qualifications?** |
| **YES / NO** | |

|  |  |
| --- | --- |
|  | **If yes, would you like your email address to be shared with prospective employers? Please note, if selecting ‘no’, we will provide a message forwarding service.** |
| **YES / NO** | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **FINAL DECLARATION:** | | | |
| I confirm that all information provided within this document is 100% true, accurate and complete at the time of writing. | | | | | |
| Applicant signature: | | Click here to enter text. | Date: | Click here to enter text. | |