Coach Education
Course Application Form

carnegie
coach education

1. BEFORE APPLYING FOR ANY COURSE, PLEASE READ OUR **FREQUENTLY ASKED QUESTIONS** DOCUMENT
2. Please complete all sections in BLOCK CAPITALS - Applications may be returned if information is incomplete or illegible.
3. Completed forms must be returned to**: Carnegie Coach Education, Leeds Metropolitan University, G10d Carnegie Annexe, Headingley Campus, Leeds, LS6 3QQ** with the appropriate payment.. You can email your form to coacheducation@leedsmet.ac.uk
4. Payment can be made by providing your card details or by cheque in the post. Please make cheques payable to **Leeds Metropolitan University.**

Course Details:	**COURSE 1**	**COURSE 2**	**COURSE 3**
Which course/s you are applying for:			
Course start date/s:			

PERSONAL DETAILS: PLEASE COMPLETE ALL BOXES

First Name		Last Name	
ULN (Unique Learning Number)			
Gender	M / F	Date of Birth	
Ethnicity **I would describe my ethnic origin as**			
Disability **Do you consider yourself to have a disability?**	YES / NO / PREFER NOT TO SAY		
Do you consider yourself to have a learning difficulty	YES / NO / PREFER NOT TO SAY		
Please give brief details of medical conditions/disabilities/learning difficulties			
Permanent Home Address **Certificates will be posted to this address**			
Postcode		Contact Telephone N°	
Term Time Address			
Postcode		Contact Telephone N°	
Email Address **Correspondence for this course will be sent by email**			
Mobile Telephone N°		Emergency Contact N°	

PLEASE INDICATE THE ROLE WHICH MOST REFLECTS YOUR STATUS

LEEDS MET STUDENT	**YES / NO**	**Current id number?**	**University course?**
LEEDS MET STAFF	**YES / NO**	**Department?**	
COACH	**YES / NO**	**Name of Club?**	**Junior/Senior level?**
TEACHER	**YES / NO**	**Name of School?**	**Junior/Senior level?**
OTHER	**YES / NO**		

ADDITIONAL INFORMATION

Are you applying for a Safeguarding & Protecting Children course as part of a pre-requisite requirement for a **Level 1/ 2/ 3 Certificate in Coaching** qualification? If yes, please state which sport the course will support.	

PAYMENT DETAILS - who is paying for the course?

Myself		Employer		Fee enclosed	£

IF YOU ARE PAYING BY CREDIT/ DEBIT CARD PLEASE COMPLETE YOUR PAYMENT DETAILS BELOW If your employer is paying your course fees and you require an invoice to be raised - please provide the following details in full:	
Organisation Name	
Contact Name	
PURCHASE ORDER NUMBER This must be provided for all applications where payment will be made via an invoice	
Contact Telephone N°	
Email Address	
Full Business Address, including postcode	

PLEASE ENCLOSED A STAMPED ADDRESSED ENVELOPE WITH YOUR APPLICATION FORM SHOULD YOU REQUIRE A RECEIPT

Financial Implications for applicants not attending courses – (please read full Cancellation Policy – link on Page 1 of this form) - The following cancellation polices apply for all Coach Education Qualifications:

- Before 20 working days of the start date – Full Refund OR Fee Transfer
- Between 20 & 11 working days of the start date – £10 Admin Charge deducted from your refund
- Between 10 working days to the start date – NO refund or transfer

PERSONAL DATA

Coach Education may use your personal data (including potentially sensitive data) for the purposes of considering your application, for regulatory reasons and to send you information.

	Tick here if you **DO NOT** wish to receive, by electronic mail (including e-mail, SMS or image messages etc) information about courses, special offer opportunities, products and services available from Leeds Metropolitan University.

DECLARATION

By completing, signing and submitting this application form, you agree to the terms and conditions of the course. You have read and understood the course requirements and pre-requisites and are familiar with our Cancellation Policy.
All information will be held on the CCE database and if appropriate, distributed only to the NGB and Awarding Body for the purpose of registration and certification.

I understand the requirements of the course, meet all pre-requisites where appropriate and enclose the necessary fee/ payment details.			
SIGNED		**Or Tick here to confirm declaration when emailing form to Coach Education**	
DATE			

Other Important Contact Details:	Telephone: 0113 812 7437 Fax: 0113 812 3204	Email: coacheducation@leedsmet.ac.uk Website: www.leedsmet.ac.uk/sport

If you wish to pay by credit/debit card, please complete the following details below:

Card Number																			
Card Type: **Visa/ Maestro/Mastercard** (Delete as appropriate)																			
Valid From							Expiry Date												
Issue No							3 Digit Security No												
Amount:	**£**																		
Card holder's Signature																			

Card holder's details, if different from the applicant:

First name		Last Name	
Full Postal Address			
Postcode		Contact Telephone No.	

----------<u>CREDIT CARD DETAILS WILL BE DESTROYED AFTER PAYMENT IS TAKEN</u>----------