

# APPLICATION FORM

**PERSONAL DETAILS:** (Before completing and submitting the application form, you should familiarise yourself with both the Conditions of Enrolment and Application Form Guidelines)

Please complete this application in full – **PLEASE PRINT IN BLOCK CAPITALS.**

Last Name:

First Name:

Date of Birth:       Gender: Male:  Female:   
(DD / MM / YYYY)

Street Address 1:

Street Address 2:

Town/City:

County (or Dublin area Code):

Occupation:

Home Telephone:

Mobile Telephone:

Fax Number:

Email\*:

I have read and agree to the Conditions of Enrolment on Page 48.  (please tick ✓)

\* Correspondence will be done via email for Youth Cert, Licence Courses and Workshops.

**What is your ethnic or cultural background? (Choose 1 section from A to D, then ✓ the appropriate box.)**

**A White**

1. Irish       2. Irish Traveller       3. Any other White background

**B Black**

1. Irish       2. African       3. Any other Black background

**C Asian**

1. Irish       2. Chinese       3. Any other Asian background

**D Other, including mixed background**

1. Other, write in description.....

**Do you have a medical condition, which may affect your participation on this course?** No  Yes

If “Yes”, please give full details.....

Do you have a disability (Physical, learning or sensory)? No  Yes

If “Yes”, please give full details.....



### PREVIOUS COACHING QUALIFICATIONS

Please list coaching qualifications that you have attained:

Qualification	Location	Date Completed/ Date of Final Assessment
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please attach copies of any qualifications that you have obtained. Your application may be delayed or hampered without this supplementary evidence.

### FOOTBALL INFORMATION

Please list any present or former clubs where you have held a coaching position. Please make sure to include all information asked for.

Club (incl. Age group of players)	Time period (From – until)	Position held
.....	.....	.....
.....	.....	.....
.....	.....	.....

Please give below the details of 2 referees that the FAI may contact in the event of the FAI requiring a background check, e.g. Club manager, secretary, employer etc. For UEFA “B” and UEFA “A” Licence applications, one of these referees should preferably be an FAI Development Officer.

Name	Address	Contact Number
1. ....	.....	.....
2. ....	.....	.....

### COURSE APPLIED FOR:

Please tick (✓) the box of the course you wish to attend

YOUTH CERT	(€300)	<input type="checkbox"/>	GOALKEEPING “B” LICENCE	(€850)	<input type="checkbox"/>
UEFA “B” LICENCE	(€975)	<input type="checkbox"/>	GOALKEEPING “A” LICENCE	(€1,400)	<input type="checkbox"/>
UEFA “A” LICENCE	(€1,650)	<input type="checkbox"/>	YOUTH CERT RE-ASSESSMENT	(€50)	<input type="checkbox"/>
UEFA “B” RE-ASSESSMENT	(€100)	<input type="checkbox"/>	UEFA “A” RE-ASSESSMENT	(€100)	<input type="checkbox"/>
“A” LICENCE ASSESSMENT	(€250)	<input type="checkbox"/>	SMALL-SIDED GAMES WORKSHOP (€25)		<input type="checkbox"/>
“B” LICENCE ASSESSMENT	(€250)	<input type="checkbox"/>	STRENGTH & CONDITIONING WORKSHOP (€25)		<input type="checkbox"/>

Please state the location and date of the course you wish to attend:

Location: \_\_\_\_\_

Date: \_\_\_\_\_

All other courses can be booked by calling the Course Co-Ordinator (details at back of brochure).

## METHOD OF PAYMENT

All applications must be received with full payment or will not be considered. I enclose the full fee of € .....

### Methods of payment:

Cheque/Postal order  I enclose a cheque/postal order for € .....made payable to the FAI.

Please date cheques as at applied course start date.

**Credit Card**  Please charge my:  Visa  MasterCard

Card Number:

Expiry Date:

Please return the completed application form to:

**Greig Paterson**

**National Co-ordinator for Coach Education**

**Football Association of Ireland**

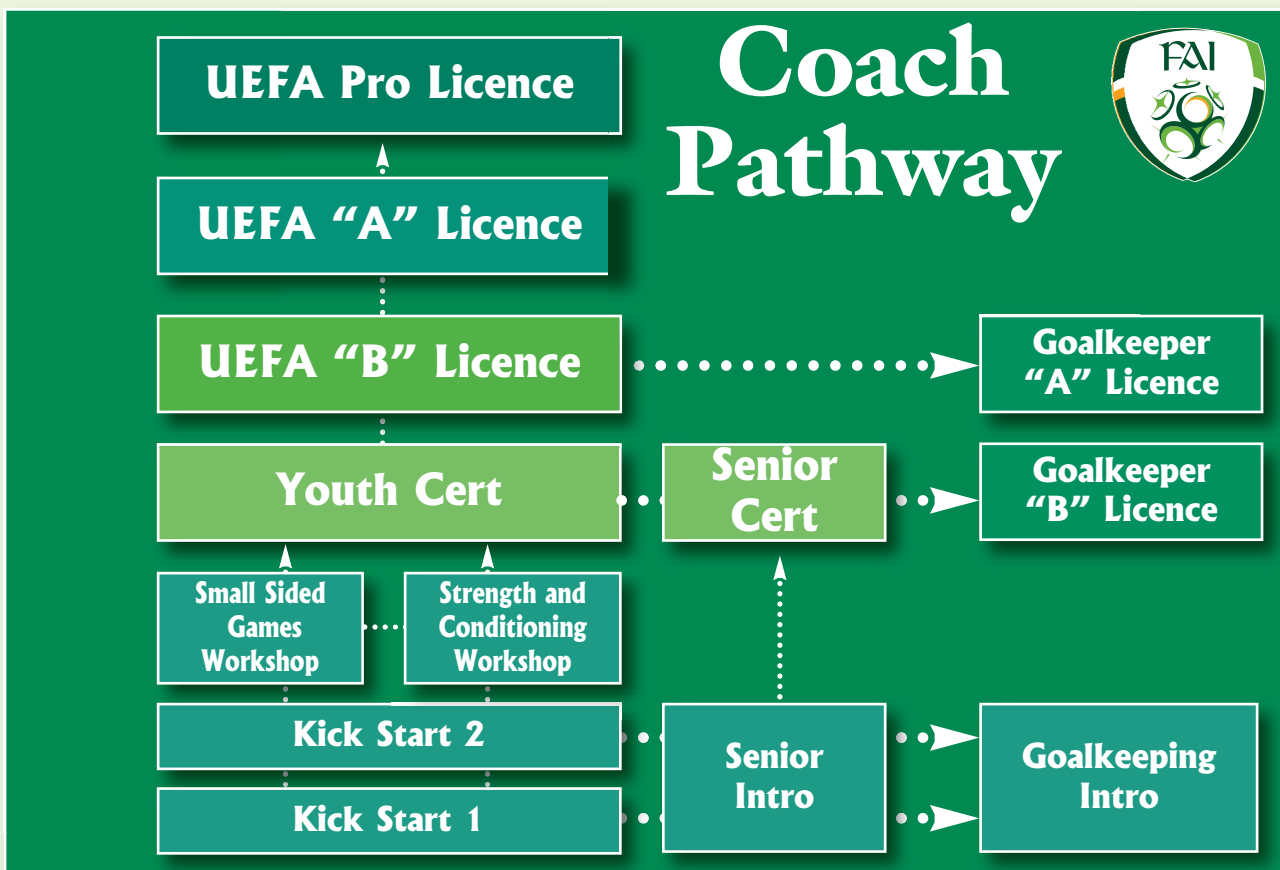
**National Sports Campus**

**Abbotstown**

**Dublin 15**

The FAI may forward information of interest to you in relation to events and activities. (see Data Protection Policy, Page 44)  
Please tick this box if you do not wish to receive any such information

*Cheques should be made payable to The Football Association of Ireland.*





# PARENTAL/GUARDIAN CONSENT

## (FOR APPLICANTS AGED 16 TO 18)

I authorise my child/ guardian to participate in the FAI course stated below. (Please tick box ✓ to confirm authorisation and complete below.)

**Course Title:** \_\_\_\_\_ **Dates(s):** \_\_\_\_\_

**Name of Child** \_\_\_\_\_ **Date of Birth of Child** \_\_\_\_\_

(BLOCK CAPITALS)

(DD/MM/YYYY)

**Does your child have any medical condition that our staff should be aware of?**

Yes  No

If "yes", please explain: \_\_\_\_\_

**Please state if your child has any allergies:** \_\_\_\_\_

**Is your child on any medication?**

Yes  No

**Name of Medication:** \_\_\_\_\_

**Number of Doses:** \_\_\_\_\_ **Frequency of Dosage:** \_\_\_\_\_

**Does your child have any special needs our staff should be aware of?**

**I give permission to bring my child to a hospital/ doctor in case of emergency (tick box ✓):**

Yes  No

**I give permission to allow my child to be given medical treatment either by way of first aid and by a suitably qualified person or by a Doctor at a hospital (tick box ✓)**

Yes  No

All reasonable steps will be taken to contact the parent(s), guardian(s) immediately in the case of an emergency.

**Parent/ Guardian Name (Printed)**

**Parent/ Guardian Name (Signature)**

**Contact Number** \_\_\_\_\_ **Date** \_\_\_\_\_