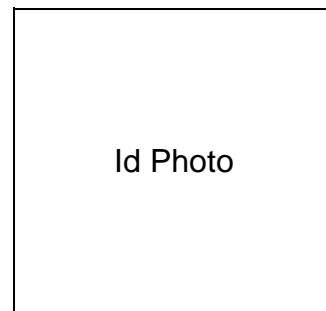


Coach Name:

Id No:

Expiry Date:



Id Photo

1. Coach's Details:

Contact Details

Street or Post Office

Suburb Postcode.....

Telephone Contact (.....) Fax No (.....)

Mobile

Email

Personal Id Details

Date of Birth: Gender: **Male** **Female**

Non-English Speaking Background: Aboriginal/Torres St Islander:

Membership Details:

Club Name

AKF National Member : Yes No

2. Risk Management:

First Aid Qualifications:

Senior / Intermediate Basic First Aid Resusc / CPR Only

Sports Trainer Level Medical Certificate (ie doctor, nurse)

Copy of current Certificate Attached

3. Ethics:

Child Protection

Suitability Card Expiry Date:

Coach's Code of Ethics

Original Signed and attached Valid for 4 years, submit new form with renewal

4. Mentor:

Name:

Official Use:

- 1. **Coach's Details** Entered
- 2. **First Aid** Certificate attached
- 3. Copy **Suitability Card** or sighted Police Check, confirmation from SCD - attached

Signed Code of Ethics Attached

4. Letter/Report from **Mentor** Attached **Exam Results:** Pass Resit

Registration Cheque Received: :Receipt sent:

Approved by: Dated:

Information on this form is entered into the AKF Inc database and upon registration, into the National Coaching Accreditation Scheme (NCAS) database of registered coaches maintained by the Australian Sports Commission (ASC) in conjunction with the National Sporting Body AKF Inc. Database information is passed on to National and then to State bodies and State Sport Education Centres. Coaches will be sent relevant up-to-date information and may be contacted by the ASC. Your information will not be used or disclosed except in accordance with the provisions of the Privacy ACT 1988.



Australian Government

Australian Sports Commission

