

# National field Archery Society (NFAS) Coaching Renewal

Surname  First Name  Photo  
(See Note 1)

Middle Name

Gender

Date of Birth

Home Address (note 2)

Postcode

E-mail address

Telephone No's  
 Home   
 Mobile

Club Name (note 3)

NFAS No. (Note 4)  NFAS Coach No.

How long have you been an active Coach for the NFAS?  Years

Please state your preferred shooting style/s

Are you CRB approved? (Note 5) Please circle as applicable Please circle as applicable

**Yes No**                      Has CRB been obtained via the NFAS                      **Yes No**

**CRB DISCLOSURE NUMBER**

Please circle as applicable

Do you intend to use your coaching qualification for business or personal financial gain? **Yes No**

**Personal Declaration**  
 The information given in this form is true and I understand that any false statement will automatically result in my NFAS coach approval being voided instantly

**Signature** **Date**

Please return this form to:

PJ Kendrick - NFAS Coach Co-ordinator  
12 Boxer Road,  
Wittering,  
Peterborough,  
Cambridgeshire.  
PE8 6AE  
Tel: 07912846750

**\*NB\*** Form to be accompanied by:

- (i) 2 x passport style photographs
- (ii) Evidence of coaching within the last 5 years
- (iii) CRB approval disclosure No. proof of revalidation
- (iv) Previous coaching license card.

1 Please do not attach your photographs to this space as this is for administration purposes

2. Please give full postal address including post code

3. Please enter the name of the NFAS club that you are a member of, if you aren't a member of an NFAS club please enter 'Independent'

4. You MUST enter you current membership No. if this field is left blank your application form can not be processed.

5. You MUST be CRB approved to become an NFAS coach