

National field Archery Society (NFAS) Coaching Renewal

Surname First Name Photo
(See Note 1)

Middle Name

Gender MALE FEMALE

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 **Date Of Disclosure**

Please circle as applicable

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

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. I further declare that I know of no reasons that would prevent me from fulfilling the duties as an NFAS Coach.

Signature

Date

Please return this form to:

PJ Kendrick - NFAS Coach Co-ordinator
2 Laurel Drive,
North Colerne
Chippenham
Wiltshire
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 your 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