

CLUB CHAIRPERSONFULL NAME: DOB: DAY; MONTH; YEAR; EMAIL: *RELEVANT QUALIFICATIONS (please tick boxes where relevant):*Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach: Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course: **CLUB SECRETARY**Please tick this box should this person be your club's main contact: FULL NAME: DOB: DAY; MONTH; YEAR; EMAIL: *RELEVANT QUALIFICATIONS (please tick boxes where relevant):*Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach: Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course: **CLUB TREASURER**Please tick this box should this person be your club's main contact: FULL NAME: DOB: DAY; MONTH; YEAR; EMAIL: *RELEVANT QUALIFICATIONS (please tick boxes where relevant):*Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach: Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course: **FIRST AIDER**FULL NAME: DOB: DAY; MONTH; YEAR; EMAIL: *RELEVANT QUALIFICATIONS (please tick boxes where relevant):*Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach: Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course: **CHILD PROTECTION OFFICER**FULL NAME: DOB: DAY; MONTH; YEAR; EMAIL: *RELEVANT QUALIFICATIONS (please tick boxes where relevant):*Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach: Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course: **Year Qualifications Completed**

HEAD COACH

FULL NAME: DOB: DAY; MONTH;

EMAIL:

RELEVANT QUALIFICATIONS (please tick boxes where relevant):

Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach:

Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course:

ADDITIONAL OFFICIAL (COACH etc.)

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FULL NAME: DOB: DAY; MONTH;

EMAIL:

RELEVANT QUALIFICATIONS (please tick boxes where relevant):

Referee: First Aid qualification: Fundamentals Coach: Level 1 Coach:

Level 2 Coach: PVG certificate: Safeguarding and Protecting Children Course:

SIGNATURE

FULL NAME AND POSITION OF PERSON SUBMITTING THIS APPLICATION:

DATE: DAY; MONTH; YEAR;

SIGNATURE:



Scottish Handball Association

Caledonia House
1 Redheughs Rigg
Edinburgh
EH12 9DQ
Tel: +44 (0) 7835792560