



# Workforce Development Application Form

**Course Name:** \_\_\_\_\_ **Venue:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

Name of Candidate: \_\_\_\_\_ D.o.B: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Home Tel: \_\_\_\_\_ Mobile Tel: \_\_\_\_\_

Work Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Club/ Organisation: \_\_\_\_\_

Safeguarding Children Workshop completed? Yes/No \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current First / Emergency Aid Certificate? Yes/No \_\_\_\_\_ Expiry Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Pre-requisite Coaching Qualifications? \_\_\_\_\_ Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

\_\_\_\_\_ Dates Attended: \_\_\_\_\_

**Payment Details:** Your place is not reserved until payment is received. Cheques (Payable to BCFA) please tick below:

Cash	<input type="checkbox"/>	Cheque	<input type="checkbox"/>	Card	<input type="checkbox"/>
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Debit/Credit card	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Maestro	<input type="checkbox"/>	Switch/Solo	<input type="checkbox"/>
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Debit/Credit card No. \_\_\_\_\_

Card Holders Name: \_\_\_\_\_ Security Number: \_\_\_\_\_

Valid From: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Expire End Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Card Issue No: \_\_\_\_\_

Amount of payment £ \_\_\_\_\_ Signature: \_\_\_\_\_

\*Please note that FA Tutors are unable to accept any form of payment on the course\*

**Ethnicity** I would describe my ethnic origin as: (Please tick appropriate box)

Asian British Bangladeshi	<input type="checkbox"/>	Black Caribbean or Black British	<input type="checkbox"/>	Other	<input type="checkbox"/>	White English	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	White Scottish	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	White Welsh	<input type="checkbox"/>
Black African or Black British	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Other Ethnic Background	<input type="checkbox"/>	White Non European	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>	Unknown	<input type="checkbox"/>

**Disability** (Please tick appropriate box) If yes, what is the nature of your disability?

Do you consider yourself to have a disability?	Yes	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Other	<input type="checkbox"/>
	No	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
	Prefer not to say	<input type="checkbox"/>								

**Declaration\***

I declare that I'm fit to participate on this course and acknowledge that I do so at my own risk. The Birmingham County Football Association Ltd , its staff, agents or any authority that provides facilities is under no liability in respect of any injury, loss or damage which I may sustain however caused whilst I am attending the course.	Yes / No*
I understand refunds of course fees will not be made to any participant who fails to turn up for a course or who cancels within two weeks of the start of the course. If a participant cancels within two weeks of the start of a course they may, if there is availability, transfer to another course but a transfer fee based on an administration charge will apply.	Yes / No*

<b>Your Name: (BLOCK CAPITALS)</b>		<b>Date:</b>
<b>Your Signature:</b>		<b>Date:</b>
If aged under 18 years of age, please supply name of your parent/guardian (BLOCK CAPITALS)*		<b>Date:</b>
If aged under 18 years of age, please supply signature of your parent/guardian*		<b>Date:</b>