



TEAM EDGE HILL COACH FUND APPLICATION 2021-2022

GENERAL INFORMATION

TEAM EDGE HILL CLUB

GENDER OF TEAM / CLUB MEN WOMEN MIXED

NUMBER OF TEAMS IN CLUB

MEMBERS WITH TEAM EDGE HILL MEMBERSHIP

CURRENT NUMBER OF QUALIFIED STUDENT COACHES IN CLUB:
LEVEL 1 _____ LEVEL 2 OR ABOVE _____

NUMBER OF HOURS TRAINING PER WEEK

WHICH MEMBERS WILL BENEFIT FROM THE COACH? (e.g. 1ST TEAM ONLY TOP PLAYERS ETC)

EXTERNAL COACHES

FOR CLUBS WISHING TO REQUEST EDGE HILL SPORT FUNDING TOWARDS EXTERNAL COACHES WITH A MINIMUM LEVEL 2 QUALIFICATION WITHIN THEIR RESPECTIVE SPORT.

NAME OF QUALIFIED COACH

LEVEL OF QUALIFICATION

HOURS PER WEEK (REQUESTING)

COST PER HOUR (REQUESTING)

WILL COACH BE ATTENDING MATCHES AND TRAINING

COACHING EXPERIENCE

Please not evidence will be required as well as appropriate public liability insurance.

STUDENT COACHING QUALIFICATION

FOR CLUBS WISHING TO REQUEST EDGE HILL SPORT FUNDING TOWARDS COACHING QUALIFICATIONS FOR CURRENT EDGE HILL STUDENTS WHO ARE SUPPORTING CLUB.

(PLEASE COMPLETE ONE FORM PER STUDENT QUALIFICATION REQUEST)

NAME OF STUDENT

YEAR OF STUDY

CURRENT PLAYER /COACH ?

EMAIL ADDRESS

MOBILE CONTACT NUMBER

LEVEL OF QUALIFICATION REQUESTING

DETAILS OF PREVIOUS EXPERIENCE: (QUALIFICATION/ EXPERIENCE)

DETAILS OF COURSE: (NGB, LEVEL OF QUALIFICATION, LOCATION, DATES ETC)

FULL COST OF QUALIFICATION

LENGTH OF TIME TO COMPLETE QUALIFICATION

PERSONAL DETAILS:

FORM COMPLETED BY

CLUB COMMITTEE POSITION

EMAIL ADDRESS

MOBILE CONTACT NUMBER

I CONFIRM THE DETAILS PROVIDED IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE:

SIGNATURE: _____

DATE: _____