



Cliffoney/Grange Youth Soccer F.C
Coach Application & Self Declaration Form

(Please use block capitals)

Name: _____ D.O.B. _____

Address: _____

Tel. (H) _____ (Mobile) _____

Coaching Qualifications

Sport	Award Held	Date of Award

Previous experience/involvement in sport? Please give details.

Have you ever been asked to leave a sporting organisation in the past?
(If you have answered yes we will contact you in confidence)

Yes	No
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Have you ever been convicted of a criminal offence? If so give details

(Having a criminal record does not necessarily preclude anyone from working with children. If you have answered "yes" you will be contacted in confidence)

Referee: Please supply the names, addresses and telephone numbers of two people whom we can contact and who from personal knowledge is willing to support your application.

(If you have had a previous involvement in sport, one of these names should be that of an administrator/leader of your last club/place of involvement)

Name _____ Title _____ Tel. _____

Address _____

Name _____ Title _____ Tel. _____

Address _____

I agree to work within Cliffoney/Grange Youth Soccer F.C and FAI approved codes of conduct & best practice guidelines.

Signed: _____ Date: _____