



Coach Education Registration Form - Bristol

(Please complete the following form for up to 3 courses at University of Bristol)

When applying for courses please make sure you send a separate cheque for each course, any cheques received that equates to the sum of all courses will be returned and you may lose your place on the course

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|---|
| COURSE 1 : COURSE VENUE : COURSE DATE: |
| COURSE 2 : COURSE VENUE : COURSE DATE: |
| COURSE 3 : COURSE VENUE : COURSE DATE: |

| | |
|--|--|
| Title (Mr/Mrs/Miss/Ms etc): | Name: |
| Term Address: | |
| | |
| | Post Code: |
| Tel (home): | |
| Tel (work/mobile): | |
| Email: | |
| Date of Birth: | Where did you hear about JUICE: |
| Name of School/College/University/Club: | |
| University Students Only | |
| Course start date: | Current academic year: |
| Expected course end date: | |
| Coaching Experience: | |
| | |

Please inform us of any medical conditions or special requirements that you have:

Further Details

Please provide details of an emergency contact

Name/Relationship:

Phone number:

I acknowledge that the course fee cannot be refunded if I withdraw within seven days of the course.

Signed:

Date:

Payment **must** accompany this application form. Please send a separate cheque for each course applied for and make cheques payable to 'University of Bristol'.

Write your name and coaching course for which you are applying on reverse of cheque before returning to:

**Aisling O'Keeffe, Sport, Exercise and Health, University of Bristol, Tyndall Avenue, Bristol, BS8 1TP
0117 928 8810**

Data Protection

"I understand that information contained on this form may be stored confidentially in both paper and electronic filing systems in accordance with the Data Protection Act. This information will be used for administrative, monitoring and research purposes only."

Signature:

Date: