

British Gymnastics Course Application Form

carnegie coach education

Please complete all sections in BLOCK CAPITALS. Applications may be returned if information is incomplete or illegible.

PLEASE NOTE: Applications will only be accepted for Level 2 and above, if supported by a copy of a valid prior level certificate, e.g.: If you applying for a Level 2 Certificate in Coaching Gymnastics (General Gymnastics) course, a copy of your Level 1 (General Gymnastics) certificate must be sent with your application.

BEFORE APPLYING FOR ANY COURSE, PLEASE READ OUR [FREQUENTLY ASKED QUESTIONS DOCUMENT](#)

Completed forms must be returned to:

Carnegie Coach Education, Leeds Metropolitan University, Carnegie Annexe, Headingley Campus, Leeds, LS6 3QQ (with the appropriate payment details or cheque enclosed. - Please make cheques payable to Leeds Metropolitan University).

Applications received without payment will not be processed.

Course Details:

Which course you are applying for:	
Course start date:	
Course venue:	

Personal Details:

First Name		Last Name	
ULN (Unique Learning Number)			
Gender	M / F	Date of Birth	Age on 31 st August 11
If you are 18 or under please read the following. Level 1: Applicants MUST be 16 or over on the first day of a course. Level 2: Applicants MUST be 17 years or over on the first day of a course but MUST be 18 years or over before receiving certification.			
Full Postal Address			
Postcode		Contact Telephone N°	
Email Address (Please print clearly as this will be used for all correspondence)			
Mobile Telephone N°		Emergency Contact N°	

IMPORTANT INFORMATION:

Are you applying for a Level 2 qualification or above? (Current copies MUST accompany applications)			
What level qualification do you currently hold and in which discipline?			
Please add your BG Membership Number here:		If you currently applying for BG membership, please tick here:	
Please state your region and club name, if appropriate:			
Are you a Leeds Met student? If yes, please add your student ID number here			

Course Payment Details, who is paying for the course?

Myself		Employer		Fee enclosed	£
IF YOU ARE PAYING BY CREDIT/ DEBIT CARD, PLEASE COMPLETE YOUR PAYMENT DETAILS ON THE FINAL PAGE OF THIS APPLICATION					
If your employer is paying your course fees and you require an invoice to be raised, please complete the following details in full:					
Organisation Name					
Contact Name					
PURCHASE ORDER NUMBER					
This must be provided for all applications where payment will be made via an invoice					
Contact Telephone N°					
Email Address					
Full Business Address, including postcode					

PLEASE ENCLOSED A STAMPED ADDRESSED ENVELOPE WITH YOUR APPLICATION FORM SHOULD YOU REQUIRE A RECEIPT

Disability

Do you consider yourself to have a disability?	Yes / No/ Prefer not to say *
Do you consider yourself to have a learning difficulty?	Yes / No/ Prefer not to say *
Please give brief details of medical conditions, disabilities and/or learning difficulties	
Please indicate if any of these conditions require special arrangements during the course and if so what.	

Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi	Indian	Other white
Asian British Indian	Mixed White and Asian	Pakistani
Asian British Pakistani	Mixed White and Black African	Prefer not to say
Bangladeshi	Mixed White and Black Caribbean	White British
Black African	Other	White European
Black British	Other Asian	White Irish
Black Caribbean	Other Black	White Non European
Chinese	Other Mixed Background	Prefer Not to Say

Declaration:

I understand the requirements of the course; meet all pre-requisites as appropriate and enclose the necessary fee. Important: 100% attendance during the taught hours of your course is mandatory Assessment: Failing to attend your allocated assessment or return your assessment transfer form within 25 working days of your allocated assessment will incur a £100 additional fee. An alternative assessment will not be arranged until this fee is received. Signed:	
Date	
Other Important Contact Details:	Telephone: 0113 812 7437 Fax: 0113 812 3204 Email: coacheducation@leedsmet.ac.uk Website: www.leedsmet.ac.uk/sport

Financial Implications for applicants not attending courses

The following cancellation policies apply for all Coach Education Qualifications

- Before 20 working days of the start date – Full Refund OR Fee Transfer
- Between 20 & 11 working days of the start date – £10 Admin Charge deducted from your refund
- Between 10 working days to the start date – NO refund or transfer

OFFICE USE ONLY:	
Payment Method/Date:	Card Authorisation Code:

By completing, signing and submitting this application form, you agree to the terms and conditions of the course. You have read and understood the course requirements and any pre-requisites and are familiar with our cancellation policy.

All Information will be held on the CCE database and if appropriate, distributed only to the NGB and Awarding Body for the purposes of coach registration and certification.

British Gymnastics

Course Application Form

Candidate pre-course information questionnaire (This questionnaire will be shared with the course tutor/s & assessors)

1.	Environment where you coach/ intend to coach (e.g.: club, leisure centre, school, ...)	
2.	Please describe your experience as a participant in gymnastics.	
3.	Please describe your experience as a coach in gymnastics.	
4.	What are your expectations for this course?	
5.	Why do you wish to develop your coaching skills?	
6.	If appropriate, please use the following space to add any further details which you believe the tutor or assessor may need to be made aware of?	
7.	Please provide emergency contact details for the duration of the course.	
8.	I confirm that I am physically fit and healthy and I consider myself capable of taking part in the course and assessment activities. I confirm I have sought medical advice if appropriate.	
NAME:	SIGNED:	DATE:

-----**CREDIT CARD DETAILS WILL BE DESTROYED AFTER PAYMENT IS TAKEN**-----

If you wish to pay by credit/debit card, please complete the following details below:

Card Number																				
Card Type: Visa/ Maestro/Mastercard (Delete as appropriate)																				
Valid From							Expiry Date													
Issue No						3 Digit Security No														
Amount:						£														
Card holder's Signature																				

Card holder's details, if different from the applicant:

First name							Last Name												
Full Postal Address																			
Postcode							Contact Telephone No.												