



BOWLS
SA

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Club Coach Application Form

Date of Course: _____ Venue: _____

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/ _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Email: _____ Date of Birth: ____ / ____ / ____

Bowls Club: _____ Region: _____

Current NCAS Details (if applicable):

NCAS/NOAS Number: BA _____ Expiry Date: _____

I hereby apply for my Club Coach Accreditation under the National Coaching Accreditation Scheme (NCAS).

To obtain my coaching accreditation, I acknowledge that:

- I will obtain a police check and a child protection check as per my state/territory requirements.
- My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988. I may be contacted directly by Bowls Australia regarding my coach accreditation and my information will not be passed on to any 3rd party.

PAYMENT DETAILS

Please accept my **\$100.00** payment by:

Cheque/Money Order Credit Card Card Type: _____
 Other: (please specify) _____

Name on card: _____ Card Number: ____ / ____ / ____

Expiry Date: ____ / ____ Signature: _____

If you have any special needs, literacy or numeracy impairment, or other condition that requires consideration, please provide details of any modifications or assistance you require to undertake this course. (Information provided will be kept in the strictest confidence)

