###  Volleyball Coaching Course Application Form

### PLEASE COMPLETE ALL SECTIONS USING BLOCK CAPITALS

|  |  |
| --- | --- |
| **Title:** | **Surname:** |
| **First Names:** |
| **Address:** |
|  |
|  | **Postcode:** |
| **Tel:** | **Mob:** |
| **Email:** | **D.O.B:** |

Do you have any disabilities or special needs? Yes No

If yes please supply details................................................................................................................................................................

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**Please tick the course you would like to attend:**

**UK Certificate in Coaching Level 1 Volleyball** (£180)

31st May, 1st & 7th June 2014

 ………………………………….. ……..

I hereby confirm that I have read and understood the information provided and agree to the terms and conditions supplied by Cardiff Metropolitan University.

Along with my completed application form I have enclosed the course fee of £………… made payable to **Cardiff Metropolitan University.**

Signed............................................................................... Date....................................

**Please return your completed form and payment to:**

Yvonne Saker, Cardiff School of Sport, Cardiff Metropolitan University,

Cyncoed Road, Cardiff, CF23 6XD.

Tel. 029 2041 6537. Email: ysaker@cardiffmet.ac.uk

**Confirmation of your place will be forwarded to you once your application has been processed**