



COACHES EDUCATION AND CERTIFICATION SYSTEM LEVEL 1

20 - 31 January 2020
Fuvahmulah City,
Maldives



COURSE APPLICATION

Please write in BLOCK CAPITALS

Name _____

Address (Present) _____

Address (Permanent) _____

Tel. (Mobile) _____ E-mail _____

Date of Birth (dd/mm/yyyy) _____ Gender (M or F) _____



Please tick the appropriate Level of your education: Primary High School

Secondary University

Do you have a professional education in sport? Yes No

Do you have a coaching license in athletics? Yes No

Are you **actually** working as a coach in athletics? Yes No

Do you have any level of athletic coaching experience: None 1-2 yrs 3-5 yrs 5+ years

Up to which level are you coaching or have you coached athletes? No level Regional National International

In what institution are you predominantly working as a coach?
NOTE: tick ✓ only 1 (one)

- School (Primary)
- School (Secondary or High School/College)
- Police / Military / etc.
- National Sports Council or National Federation
- Club

I certify that information contained in this application is true and complete and I am available for the whole day to attend the course on mentioned dates.

Signature Date

If Sponsored by a club/school

Signature/Stamp: _____

Name: _____

Designation: _____

Name (School / Club): _____

Submit this application along with the copy of National ID Card and Stamp Size photo before 05th January 2020.