



# NATIONAL COACHING ACCREDITATION SCHEME REGISTRATION FORM

(Tick the appropriate section)



Re-accreditation --- inc GST (for 4 years)

Application for Enrolment in a Course: L1 ---- inc GST/L2 ---- inc GST

**NB: Please contact the SANFL for cost of Reaccreditation/Accreditation**

## PERSONAL DETAILS

AFL Coach ID No (If previously accredited) .....

First Name: ..... Middle Name: ..... Family Name: .....

Gender: M: ..... F: ..... Date of Birth: Day ..... Month ..... Year .....

Contact Details:

Address 1: .....

Address 2: .....

Suburb: ..... State: ..... Postal Code: .....

Telephone: Home Phone: ..... Home Phone: ..... Mobile Phone: .....

Fax: .....

Email: .....

Region (SANFL Club Zone): .....

Do you identify as being Aboriginal or Torres Strait Islander Person? Yes: ..... No: .....

Football Club Supported: SANFL ..... AFL.....

Would you like to receive information from the club(s)? (Tick) Yes: ..... No: .....

## ACCREDITATION DETAILS:

Coach Accred. Re Accreditation: .....

Coach Accred. Level: .....

Coach Accred. Provider: .....

Coach Accred. Start Date: .....

Coach Accred. End Date: .....

Coach Accred. Application Date: .....

Deregistered Coach: .....

## OTHER INFORMATION:

First Registered: .....

Last Registered: .....

AFCA Branch: .....

AFL Team Supported: .....

SANFL Team Supported: .....

## SANFL CLUB INFORMATION

League Club Zone: .....

Affiliated League: .....

Club/School/Centre Name: .....

Grade: (please tick space to the right of the age group)

Senior: A ..... B ..... C ..... D ..... Other .....

Under Age: Auskick ..... U8 ..... U9 ..... U10 ..... U11 ..... U12 ..... U13 ..... U14 ..... U15 ..... U16 ..... U17 ..... U18 ..... U19 .....

Other: (State other involvement in sport if not one of the above – organization & role)

Name .....

Role .....

## AFCA MEMBERSHIP

Registration fee of \$-- includes membership of AFCA SA for the 4 years of the accreditation registration.

**ACCREDITATION COURSE YOU ARE ATTENDING** (If this applies) **Level** .....

**Signed** ..... **Dated** ..... / ..... / .....

**PRIVACY STATEMENT:** The AFL is bound to comply with information privacy principles contained in the Victorian Information Privacy Act 2000. The AFL collects your information in order to communicate with you and provide services to you and bodies associated with the AFL. The AFL may provide your information to AFL clubs and bodies associated with the AFL if you consent to this on the form. If you would like a copy of the AFL's Privacy Policy, please contact the AFL's Privacy Officer on (03) 9643 1999.

**Credit Card Payment: Card Type:** (Please tick) Visa ..... B/C ..... M/C ..... **Amount: \$** .....

Card Number: ..... / ..... / ..... / ..... Expiry Date: ..... / .....

Name on Card .....

Signed: .....



# SANFL Coach VIP Information

**When you have completed the National Coaching Accreditation Scheme form please complete the information below as the SANFL is a proud supporter of, and active participant in, the National Volunteer Involvement Program and we are keen to update our database so that we can acknowledge volunteers in the Coaching fraternity if, and when, the occasion arises.**

## **Section 1:** Coach Accreditation Courses **attended** and **COMPLETED** in the past 4 years.

YEAR	COURSE	VENUE
2009		
2008		
2007		
2006		
2005		

**Section 2:** Coach Accreditation Courses **attended** but **NOT COMPLETED** in the past 3 years.

YEAR	COURSE	VENUE
2009		
2008		
2007		

### **Section 3: Coaching Background – ie those teams that you have coached or assisted with in the past 10 years.**

YEAR	CLUB	GRADE	ROLE
2009			
2008			
2007			
2006			
2005			
2004			
2003			
2002			
2001			
2000			

**Section 4:** Any courses that enhanced your knowledge and experience relevant to football in the past 5 years.

YEAR	COURSE	VENUE
2009		
2008		
2007		
2006		
2005		

**OTHER INFORMATION RE: QUALIFICATION TO SUPPORT YOUR APPLICATION TO COACH:**

Signed: ..... (Applicant)