



Australian Government
Australian Sports Commission

Active After-school Communities

Helping kids and communities get active

Community Coach Training Registration Form

Please complete both pages of the registration form and return to the contact listed on the Course Brochure or to your course presenter

NAME: _____

EMAIL ADDRESS: _____

TELEPHONE: (W) _____ (H) _____

TELEPHONE: (M) _____ FAX: _____

POSTAL ADDRESS: _____

ACTUAL ADDRESS: _____

TOWN/SUBURB: _____ POSTCODE: _____

STATUS: (Tick which applies)

- Paid Volunteer

TYPE: (Tick which applies)

- Sole (complete a Sole Deliverers Probationary Registration Form)
 Organisation Representative
 Internal Deliverer (employee of a AASC School or OSHCS)

If representing an organisation or School/OSHCS, please list the organisation name:

Sub type: (Tick which applies)

- Employee of School/OSHCS Teacher Aide
 Tertiary Student Senior Student
 Volunteer Local Club Member
 NSO, SSO, Local Government
 Other (please Specify) _____

Have you completed any of the following qualifications (please attach evidence of completion):

- Teaching qualifications (primary or secondary)
 Physical Education qualifications
 NCAS Coaching General Principles, Level 1 or above
 Certificate III in Childcare or above

DELIVERY REACH

Please list all states and regions in which you are prepared to deliver the AASC program:
(If planning to apply for registration)

DEMOGRAPHIC INFORMATION

DOB: _____ GENDER (Please circle): M / F

Do you have a significant disability or long term medical condition? Yes / No
If yes, what is the nature of your disability? _____

Do you speak a language other than English at home? Yes / No
If yes, please specify: _____

Are you of Aboriginal or Torres Strait Islander origin? Yes / No

MEDICAL CONDITIONS

PERSON TO CONTACT IN CASE OF EMERGENCY:

NAME: _____ PHONE: _____

The course may involve physical activities, some of which may require a reasonable level of fitness. Are there any known reasons: illness, disability, impairment or otherwise, which may impact, limit or restrict your participation in the course?

- NO**
 YES If 'Yes' please specify:

APPLICANTS RELEASE AND ACCEPTANCE

I declare the above information is true and correct. I authorise The Australian Sports Commission personnel to obtain medical assistance that they deem necessary should any medical problem or accident occur, and I agree to pay all medical expenses incurred on my behalf.

I agree to release the ASC from any liability to me for any injury or illness that I may suffer, and for any loss or damage to property in connection with the course, except where that liability arises as a result of negligence of the ASC.

The ASC collects personal information in the course of administering the AASC and this enrolment process. In order to administer the AASC, the ASC may disclose the personal details provided on this form to schools/OSHCS who are seeking to engage a person to deliver structured physical activities.

SIGNATURE: _____ DATE: _____

UNDER 18 (PARENT OR LEGAL GUARDIAN TO COMPLETE)

As the parent/legal guardian of _____ I give consent to his/her participation in the Australian Sports Commission Community Coach Training for which he/she has enrolled and agree to the release and acceptance information stated above.

NAME: _____

SIGNATURE: _____ DATE: _____