

## Application Form

### Institute of Technology Certificate in Community Sports Coaching

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email: \_\_\_\_\_

➤ Are you in receipt of social welfare payments? Yes ☐ No ☐

If yes, please give the details of the type of payment: \_\_\_\_\_

➤ Are you currently employed? Yes ☐ No ☐

➤ If yes, please give the details of the type of job (full/part time, type of work):

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➤ Please outline your highest level of education/relevant qualifications:

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➤ Please tell us about your own sporting background/achievements:

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- Please outline your experience either work/educational/voluntary/other relevant to this position:

From	To	Employer	Position Held

- Please provide the names of two people to whom you are well known but not related, who will give a character reference.

**Referee 1**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

**Referee 2**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

- Please tell us why you believe you would be suited to this course:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*I hereby certify that all statements given by me on this application are true and correct:*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**Completed application forms should be returned by 5.00pm Friday 15<sup>th</sup> January 2016 to the Sports Office IT Carlow, Kilkenny Road, Carlow. t: 059 9175617 e: louise.barry@itcarlow.ie**

*All applicants interviewed and successful will be subject to Garda Vetting*