



## UK Coaching Certificate Registration Form

<b>UKCC Course Detail</b>	<b>SQUASH LEVEL</b>						
<b>Course Date(s)</b>				<b>Course Venue</b>			
<b>Course Co-ordinator</b>	Liza Baillie, Coach Education and Development Manager						
<b>Expected Completion Date</b>	<b>Month</b>				<b>Year</b>		
<b>*Title (Mr, Mrs, Ms etc)</b>							
<b>*Candidate Name (to appear on certificate)</b>							
<b>Maiden Name (if applicable)</b>							
<b>Date of Birth</b>				<b>Age</b>			
<b>Nationality</b>							
<b>Gender (✓)</b>	<b>Male</b>				<b>Female</b>		
<b>Candidate Home Address</b>							
<b>Post Code</b>							
<b>Telephone Number(s)</b>	<b>Home:</b>						
	<b>Work:</b>						
	<b>Mobile:</b>						
<b>Previous Address</b>							
<b>Post Code</b>							
<b>*Email Address</b>							
<b>Current Coaching Qualification</b>	e.g. Eng Squash L2						
<b>In your coaching capacity are you: (please tick)</b>	<b>Paid</b>		<b>Full Time</b>		<b>Part Time</b>		<b>Volunteer</b>
<b>Do you have a Scottish Qualifications Authority (SQA) Scottish Candidate Number (SCN)? (✓)</b>	<b>Yes (please fill out below if SCN is known)</b>				<b>No</b>		
<b>Scottish Candidate Number (SCN = 9 digit)</b>							
<p>SCN numbers have been allocated by the SQA since 1979, if you feel that you have previously been allocated a SCN by the SQA, your number details can be generated for you by calling the SQA helpdesk on 0845 279 1000. Please inform the Course Co-ordinator as soon as possible once your SCN becomes known to you.</p>							
<p><b>Name of your most recent training provider of SQA qualifications (eg Secondary School, College, University, National Governing Body, Employer, None)</b></p>							
<p>By signing below, I, the candidate, agree to give permission for and acknowledge the following:            Personal details will need to be gathered from candidates to allow for registration and certification for your award with the Scottish Qualification Authority. This data transfer will at no time encroach on your civil rights as detailed in the Data Protection Act (1998). Please also note that on completion of your course, SQA candidate certificates shall be forwarded directly to you.</p>							
Signed:				Date:			

**FOR OFFICE USE ONLY:**

<b>Date Received</b>	<b>Date Candidate filed</b>	<b>Date units filed</b>	<b>Date Green</b>
<b>Notes</b>	<b>Notes</b>	<b>Notes</b>	<b>Notes</b>





**COACH WORKFORCE INFORMATION**

Scottish Squash is working to identify and profile its coaching workforce throughout Scotland. This shall allow us to identify who our coaches are, where they work and what the most appropriate coach education opportunities and support mechanisms for these coaches are. Please help us by answering the following questions:

AREA	REPLY
*Current club – where you play and/or coach (please specify)	
I am interested in completing the next level of UKCC coaching course (if no, please specify why)	Yes/No (please specify)
*I am currently coaching: (please specify) <ul style="list-style-type: none"> <li>• Age group</li> <li>• Level of ability</li> <li>• Number of hours per week</li> </ul>	
I currently receive payment for my coaching with the club and/or individuals	Club = Yes/No (please specify) Individuals = Yes/No
The three areas I would be most interested in receiving further coaching information on are..... (These may be formal UKCC or Mini Squash courses or areas of interest e.g. psychology, nutrition, disability sport etc.)	1. 2. 3.

**Disability – for the definition of Disability please see our website -**

**Are you registered as having a disability? Yes / No      Are you deaf/hearing impaired? Yes / No**

**What is your Ethnic Group? (please tick below)**

White		Asian, Asian Scottish or Asian British		Black, Black Scottish or Black British		Mixed and Any Other Background	
Scottish		Indian		Caribbean		Any mixed background	
Other British		Pakistani		African			
Irish		Bangladeshi		Any other black background		Any other background	
Any other white background		Chinese					
		Any other Asian background					

I hereby give permission for all of the above information to be kept on file by Scottish Squash and Racketball Ltd and its key partners for monitoring & programme development purposes. I acknowledge that I may be contacted if a relevant coach education and/or development opportunity arises.

I also give/do not give (*delete as appropriate*) my permission any photographs taken on the course to be used for promotional purposes and for the information marked with an asterisk \* to be given to clubs/individuals/partners looking for coaches or to be published, in future, within a coaching list which may be on the Scottish Squash and Racketball Ltd or partner websites.

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

**Data Protection**

The information on this form will be held in accordance with the Data Protection Act 1998. The data will be used for Scottish Squash and Racketball Ltd administration purposes and grouped to provide statistical reports required by **sportscotland** and other relevant agencies. In the event of an insurance claim relevant information may be passed onto an insuring agency.

Please complete and sign both pages of this form and return it, with appropriate payment, to Scottish Squash and Racketball Ltd, Caledonia House, 1 Redheughs Rigg, South Gyle, Edinburgh, EH12 9DQ

