

COURSE REGISTRATION FORM

COACH ACCREDITATION

08/05/2021

PERSONAL DETAILS:

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

TEL: _____

ASSOCIATION: _____

MOB: _____

STYLE: _____

D/O/B: _____

GRADE: _____

GENDER: M F

EKF LICENCE NO: _____

EXPIRY DATE: _____

Current coach badge number if applicable: _____

Course application will only be accepted if accompanied by an up-to-date DBS certificate

DBS Number _____

Is the above certificate registered with update Service Y

PDF copy of the DBS enclosed with the course application form Y

2 PASSPORT SIZE PHOTOS MARKED ON THE REAR WITH YOUR NAME MUST BE SENT TO THE EKF
CHIEF REFEREE DALE GAMBLE. PLEASE INCLUDE A STAMPED ADDRESSED ENVELOPE IF YOU
WISH TO RECEIVE YOUR COACH BADGE IMMEDIATELY

Dale Gamble 6 Bowes Court, Monk Hesleden, Hartlepool, Durham, TS27 4TH.

Please return all forms and DBS evidence to tony@dent114.karoo.co.uk