

## School Sport Coaching Project 2017 – Pupil Application & Consent Form

The School Sport Coaching Project is funded by the Gannochy Trust via the Perth and Kinross Coach Partnership, the outcomes of which are:

- The development of local people to provide good quality sustainable clubs and programmes, and to achieve their personal goals in being involved in sport and active recreation.
- The development of positive role models in sport at all levels as participants, coaches and officials to inspire future generations.

Pupil Name: \_\_\_\_\_ School: \_\_\_\_\_

Year Group: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female \_\_\_\_\_

**Personal Statement** – *If you would like support in completing this application, please contact your Active Schools Coordinator.*

1. Why you would like to apply for the School Sport Coaching Project?

2. Where you would like to complete your 20 hours (30 hours for UKCC Level 1 coaches) volunteering and in which sport? (For example, you could volunteer at a primary school, secondary school, sports club or Live Active coaching programme)

• What skills and / or personal attributes would you like to develop through involvement in the School Sport Coaching Project?

Communication		Time Management	
Leadership		Organisation	
Working with others		Decision making	
Taking responsibility		Confidence	
Resilience		Motivation	
Other(s):			

## Programme Overview

<b>Monday 9<sup>th</sup> October</b>	<b>Tuesday 10<sup>th</sup> October</b>	<b>Wednesday 11<sup>th</sup> October</b>	<b>Thursday 12<sup>th</sup> October</b>	<b>Friday 13<sup>th</sup> October</b>
Netball UKCC Level 1 DAY 1 @ North Inch Community Campus 9.15am-5pm	Coaching Young Footballers DAY 1 @ astroturf, North Inch Community Campus, 10am-4pm	Coaching Young Footballers DAY 2 @ astroturf, North Inch Community Campus, 10am-4pm	Basketball UKCC Level 1 DAY 2 @ North Inch Community Campus 9am-5pm	Netball UKCC Level 1 DAY 2 @ North Inch Community Campus 9.15am-5pm
	Basketball UKCC Level 1 DAY 1 @ North Inch Community Campus 9am-5pm	Netball Getting Started @ North Inch Community Campus, 9.30am-4pm		
SCQF Level 5 Award in Community Sport Leadership DAY 1 Perth High School 9am-5pm	SCQF Level 5 Award in Community Sport Leadership, DAY 2 Perth High School 9am-5pm	SCQF Level 5 Award in Community Sport Leadership, DAY 3 Perth High School 9am-5pm	SCQF Level 5 Award in Community Sport Leadership, DAY 4 Perth High School 9am-5pm	SCQF Level 5 Award in Community Sport Leadership, DAY 5, Perth High School 9am-5pm
<b>Monday 16<sup>th</sup> October</b>	<b>Tuesday 17<sup>th</sup> October</b>	<b>Wednesday 18<sup>th</sup> October</b>	<b>Thursday 19<sup>th</sup> October</b>	<b>Friday 20<sup>th</sup> October</b>
Developing Multi Skills in Sport, DAY 1 @ North Inch Community Campus, 9am-5pm				Developing Multi Skills in Sport, DAY 2 @ North Inch Community Campus, 9am-5pm

<b>Course Title</b>	<b>Mark clearly your choice</b>
<i>Netball UKCC Level 1</i>	
<i>Basketball UKCC Level 1</i>	
<i>Coaching Young Footballers</i>	
<i>Netball Getting Started</i>	
<i>SCQF Level 5 Award in Community Sport Leadership</i>	
<i>Developing Multi-Skills in Sport Award</i>	

I confirm I am willing to volunteer at least 20 hours (30 hours for UKCC Level 1 participants) as part of the School Sport Coaching Project.

Pupil Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please send all completed forms to Joy Cameron, School Sport Coaching Project, North Inch Community Campus, Gowan's Terrace, Perth, PH1 5BF. All forms must be received by Friday 22 September**

For the attention of Joy Cameron, Active Schools Coordinator

**School Sport Coaching Project 2017 - Consent Form**

Name of Child .....

Date of Birth... Gender (please tick) Male  Female

Name of Parent/ Guardian .....

Address .....

..... Postcode .....

Tel (day) ..... Tel (evening) .....

Mobile ..... E-mail .....

Name of Family Doctor .....

Practice ..... Tel Number .....

Does your child suffer from any **medical conditions/allergies** that we should be aware of? (Please tick appropriate box)

Yes  (If yes – please give full details, including any current medication) No

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**Emergency contact details** (If different from above)

Name ..... Tel no .....

Relationship to child: .....

**I have understood the information detailed in the information letter and therefore give my son/daughter permission to participate in courses (should they be allocated a place) and volunteer placements organised as part of the School Sport Coaching Project.**

- I give permission for my child to be filmed / photographed for media, websites, DVD, social media and publicity (local and national) relating to the School Sport Coaching Project.
- I have outlined all medical conditions / injuries and medications my child has above. It is my responsibility to inform the organiser/tutor if there has been a change in medical history/recent injury.
- I give permission for my child to receive emergency medical or dental treatment, if required, including the administration of anaesthetic during the programme.
- I understand that my child will only be supervised during the scheduled course timings. Should my child leave the course venue without permission they will be unsupervised.
- I understand that my child must organise their own travel arrangements.
- I understand that my child will be dismissed directly from the course venue and after this time my child will be unsupervised.

Parent or Guardian Name (block capitals):.....

Signed\*: ..... Date: .....

*\*Electronic signatures will not be accepted.*