|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **TEAM EDGE HILL COACH FUND APPLICATION 2024/25 SEASON** | | | | | | |  |  |
|  |  |  |
| **GENERAL INFORMATION** | | | |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| TEAM EDGE HILL CLUB | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| GENDER OF TEAM / CLUB | | | MEN |  | WOMEN |  | MIXED |  |  |
|  |  |  |  |  |  |  |  |  |  |
| NUMBER OF TEAMS IN CLUB | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| MEMBERS WITH TEAM EDGE HILL MEMBERSHIP | | | | | |  | | | |
|  |  |  |  |  |  |  |  |  |  |
| CURRENT NUMBER OF QUALIFIED STUDENT COACHES IN CLUB: | | | | | | | |  |  |
| LEVEL 1 | \_\_\_\_\_\_ | LEVEL 2 OR ABOVE | | \_\_\_\_\_\_ | |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
| NUMBER OF HOURS TRAINING PER WEEK | | | | |  | | | | |
|  |  |  |  |  |  |  |  |  |  |
| WHICH MEMBERS WILL BENEFIT FROM THE COACH? (e.g. 1ST TEAM ONLY, MEN, WOMEN ETC) | | | | | | | | | |
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| **EXTERNAL COACHES** | | | |  |  |  |  |  |  |
| FOR CLUBS WISHING TO REQUEST FUNDING TOWARDS EXTERNAL COACHES, THEY MUST HAVE A MINIMUM OF A LEVEL 2 QUALIFICATION WITHIN THEIR RESPECTIVE SPORT. | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| NAME OF COACH | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| EMAIL ADDRESS OF COACH | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| PHONE NUMBER OF COACH | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| LEVEL OF QUALIFICATION | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| HOURS PER WEEK (REQUESTING) | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| COST PER HOUR (REQUESTING) | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  |
| WILL COACH BE ATTENDING MATCHES AND TRAINING | | | | | | | Yes / No | | |
|  |  |  |  |  |  |  |  |  |  |
| COACHING EXPERIENCE | | |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| *All new coaches will need to be set up as Edge Hill Employees and complete the university staff application process. Coaches MUST NOT start working with the team prior to this process being completed.* | | | | | | | | | |

| **STUDENT COACHING QUALIFICATION** | | | | | | | |  |  | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FOR CLUBS WISHING TO REQUEST FUNDING TOWARDS COACHING QUALIFICATIONS FOR CURRENT EDGE HILL STUDENTS WHO ARE SUPPORTING CLUB. | | | | | | | | | | |
|
| NAME OF STUDENT | | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| CURRENT YEAR OF STUDY | |  |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| CURRENT PLAYER / COACH | | | PLAYER / STUDENT COACH (DELETE AS APPROPRIATE) | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| EMAIL ADDRESS | |  |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| MOBILE CONTACT NUMBER | | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| LEVEL OF QUALIFICATION REQUESTING | | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| DETAILS OF PREVIOUS EXPERIENCE: (QUALIFICATION/ EXPERIENCE) | | | | | | | |  |  | |
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|  |  |  |  |  |  |  |  |  |  | |
| DETAILS OF COURSE: (NGB, LEVEL OF QUALIFICATION, LOCATION, DATES ETC) | | | | | | | |  |  | |
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|  |  |  |  |  |  |  |  |  |  | |
| FULL COST OF QUALIFICATION | | | |  | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| LENGTH OF TIME TO COMPLETE QUALIFICATION | | | | | |  | | | | |
| *Please note that if awarded, students will be expected to purchase and complete course prior to claiming back the funding.* | | | | | | | | | |  | |  |  |  |  |  |  |  |  |
| **PERSONAL DETAILS:** | | | |  |  |  |  |  |  | |
| FORM COMPLETED BY | | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| CLUB COMMITTEE POSITION | | |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| EMAIL ADDRESS | |  |  | | | | | | | |
|  |  |  |  |  |  |  |  |  |  | |
| MOBILE CONTACT NUMBER | | |  | | | | | | | |
| I CONFIRM THE DETAILS PROVIDED IN THIS FORM ARE CORRECT TO THE BEST OF MY KNOWLEDGE: | | | | | | | | | | |
|
| SIGNATURE: | |  |  |  | DATE: |  |  |  |  | |