

INCLUSIVE SPORT IN SCHOOLS PROGRAM

COACH REGISTRATION FORM

1. COACH DETAILS

Family Name		Given Name/s	
Date of Birth		Gender	male female prefer not to say
Postal address			
Suburb		State	Postcode
Phone (Home)		Phone (Mobile)	
Email			

COACH TYPE	<input type="checkbox"/> Sole Provider (yourself)	
	<input type="checkbox"/> Club/Organisation coach	Club/Organisation name:
	<input type="checkbox"/> University/TAFE student	Institution name:
	<input type="checkbox"/> Teacher	School name:

2. COACHING REQUIREMENTS

Special Olympics Australia is committed to providing a high quality, safe and positive learning environment for all participants. To ensure this, all coaches must meet the required legislation for child-related employment prior to commencing delivery.

COACH TYPE Sole Provider, Club/Organisation, University/TAFE student	COACH TYPE Teacher
State/Territory Working with Children Check No.: _____ Expiry Date: _____	Please confirm by ticking the box below <input type="checkbox"/> I am an employed teacher at the above-named school, I am covered by my school's insurance for delivery in the Inclusive Sport in Schools Program, and I have a current Working with Children Check.

3. COACHING ACCREDITATION

Coaches delivering in the *Inclusive Sport in Schools* Program may need to complete coaching accreditation prior to commencing delivery. Refer to the specific requirements for each coach type below.

i) Young Athletes Program

COACH TYPE Sole Provider, Club/Organisation, University/TAFE student	COACH TYPE Teacher
Young Athletes Program Please email your certificate to schools@specialolympics.com.au	Young Athletes Program * optional to complete

ii) Playing For All Program

COACH TYPE Sole Provider, Club/Organisation, University/TAFE student	COACH TYPE Teacher
Improving sport for people with an intellectual disability Please email your certificate to schools@specialolympics.com.au	Improving sport for people with an intellectual disability * optional to complete

iii) Sport Partner Program

All coaches who deliver a *Sport Partner* Program will be required to complete the coaching accreditation that aligns with the respective NSO coaching frameworks. List any sport/s you hold accreditation for.

Sport	Provider:	Accreditation No:	
	Level:	Date qualified:	Expiry:
Sport	Provider:	Accreditation No:	
	Level:	Date qualified:	Expiry:
Sport	Provider:	Accreditation No:	
	Level:	Date qualified:	Expiry:
Sport	Provider:	Accreditation No:	
	Level:	Date qualified:	Expiry:

List any sport/s you are interested in delivering but not yet accredited for.

4. INSURANCE

Anyone delivering in the *Inclusive Sport in Schools* Program must be covered by current Public Liability and Professional Indemnity insurance.

Teachers should confirm they are covered by their school's insurance, as outlined in the coach requirements section.

All other coaches must complete the table below.

Do you have an Australian Business Number (ABN)?	<input type="checkbox"/> No <input type="checkbox"/> Yes » ABN: _____ » Are you GST registered? <input type="checkbox"/> No <input type="checkbox"/> Yes
Are you covered by Public Liability Insurance for the delivery of the <i>Inclusive Sport in Schools</i> Program?	<input type="checkbox"/> Yes » How much per occurrence \$ _____ <input type="checkbox"/> No
Are you covered by Professional indemnity Insurance for the delivery of the <i>Inclusive Sport in Schools</i> Program?	<input type="checkbox"/> Yes » How much per occurrence \$ _____ <input type="checkbox"/> No

5. MEDIA

I understand that photography and video recording may take place at an *Inclusive Sport in Schools* Program. I confirm that Special Olympics Australia has my permission to use and/or disclose, and allow others to use and/or disclose on its behalf, any or all images in television, radio, film, newspaper, magazines, internet, and/or other media solely for the purpose of publicising, promoting or communicating the purposes and activities of Special Olympics Australia.

Yes No

6. DECLARATION

<p>Applicant's declaration</p> <p>I declare:</p> <ul style="list-style-type: none"> All information provided in this application is true and correct; I have read and will abide by the Special Olympics Australia Code of Conduct; I have read and will abide by the <i>Inclusive Sport in Schools</i> Program Parameters; and I consent to the collection, use and disclosure of my personal information as described in Special Olympics Australia Privacy Policy. <p>Name _____</p> <p>Signature _____</p> <p>Date _____</p>	<p>School or Club/Organisation verification</p> <p>(only required if representing a School or Club/Organisation)</p> <ul style="list-style-type: none"> I verify that the nominated applicant is a representative of the School or Club/Organisation; and I declare that I am authorised to make this verification on behalf of the School or Club/Organisation. <p>Name _____</p> <p>Title _____</p> <p>Signature _____</p> <p>Date _____</p>
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