

Application Form for Community Sports Coaching Programme 2018

Completed application forms should be returned to
James Kirby, Cork Sports Partnership, Model Business Park, Model Farm Rd
Or email/scan/photo: jkirby@corksports.ie 087- 4571381

Location:

Name (BLOCK LETTERS): _____

Date of Birth: _____

Address: _____

Mobile no: _____

Email (Please print clearly): _____

PPS number: _____

- Please provide the names of two responsible persons to whom you are well known but not related, who will supply a character reference

Referee 1

Name: _____

Address: _____

Tel: _____

Email: _____

Referee 2

Name: _____

Address: _____

Tel: _____

Email: _____

- Are you in receipt of social welfare payments? Yes No

If yes, please give the details of type of payment: _____

➤ Please outline your highest level of education:

➤ Additional relevant qualifications:

➤ Please outline your experience either work/voluntary/other relevant to this position (particularly in the area of physical activity and/or sports coaching)

From	To	Position held	Employer

➤ Please tell us why you believe you would be suited to this this course.

I (Full name) the undersigned, hereby declare that the foregoing is both true and correct.

Signed: Date:

All applicants will be interviewed and if successful will be subject to Garda Vetting.

