

Level 2 Certificate in Coaching Squash

Candidate Application Form and Profile

Candidates applying for the Level 2 Certificate in Coaching Squash (L2CCSQ) qualification should complete this form and return to their appropriate approved centre or tutor. Please complete all sections in BLOCK CAPITALS. This information will be used to register you with the awarding body 1st4sport Qualifications and by The National Source Group for Squash (*Mandatory information).

Essential Candidate Registration Details

First name*		Known as name	
Surname*			
Gender*	Male / Female	Date of Birth*	
Full Postal Address*			
Postcode*		Contact Telephone No.*	

Ethnicity*

I would describe my ethnic origin as:

Asian British Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other white	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other	<input type="checkbox"/>	White European	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	White Non European	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>		

Disability*

Do you consider yourself to have a disability?

Yes / No/ Prefer not to say *

If Yes, what is the nature of your disability?

Hearing	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Mobility	<input type="checkbox"/>	Other	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Physical	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>

1st4sport Qualifications

the awarding body for active learning and leisure

Details to assist Coach Educator's Records

Course Details

Level 2 Certificate in Coaching Squash (L2CCSQ)			
Course date*		Course fee attached	£
Course venue*		VAT Registered?	Yes / No*

Additional Personal Details of Candidate

Email Address	
Mobile Telephone No.	
Club /College/ HE Institute/ Sports Centre*	
Academic/ Vocational History	
Summary of other relevant awards held	
Current experiences related to coaching	
Why do you want to be a Squash Coach?	
What do you think is the role of a Squash Coach?	
State a positive learning experience you have had. What made it positive?	
What coaching activities do you aims to do in the future?	

Declaration*

I have completed a Criminal Records Bureau (CRB) Check (If applicable)			Yes / No / NA
Signature		Date	