

Please attach a colour passport photograph with your name and course code written on the reverse.

Computer generated images will not be accepted

Education and Training Coach Licence Application / Data Form

Please complete this form in clearly printed capital letters and return to Welsh Athletics along with a passport photograph. If you have already completed a data form please use this to update any of your details that may have changed.

Minimum Ages: 16 years for Coaching Assistant and 18 years for Leadership in Running Fitness, Coach in Running Fitness & Athletics
Coach

Club / Local Authority / School / University	
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Licence number (if known)

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Date of Birth

D	D
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M	M
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Y	Y	Y	Y
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Title	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other <input type="checkbox"/>
Forename(s)	
Surname	
Address	
Town/City	
County	
Post Code	
Place of Birth	
Preferred contact number	
Email Address	

Please enter details for the course(s) you wish to attend below (Places are subject to availability)

Course Code	Course Name	Date(s) of course	Venue	Fee enclosed	Office use only
				£	

BACS Details: Account Number: 00686618

Sort Code: 30-91-68

Please email tom.marley@welshathletics.org to inform of the payment. Or complete the invoice details below.

Invoice Name	
Invoice Address	
Invoice Postcode	

Costs

Leadership in Running Fitness - £110 Affiliated / £140 Non-Affiliated

Coaching Assistant - £170 Affiliated / £210 Non-Affiliated

Athletics Coach & Coach in Running Fitness - £350 Affiliated / £400 Non-Affiliated

This form and the terms and conditions outlined form an agreement between UK Athletics and you, the coach. By signing this form you agree to comply with the terms and conditions and any other rules, procedures, codes of conduct, policies and guidelines of UK Athletics and amends to these that may occur from time to tend. Details of all of these will be maintained on the UKA website.

- I confirm that all the information given is accurate and correct.

Signature

_____ Date _____



Equality Profile Form

Welsh Athletics Ltd is collecting information about the people in the sport so that we can make sure that as many people as possible can take part. To help us with this we want to ask you some questions about your age, whether you are male or female, your ethnic background, your religion or belief, sexual orientation, gender identity and whether you have any impairments or a disability.

The survey is completely anonymous, there is nowhere we ask for your name; all the responses will be put together into one report which will help us to consider if we need to provide more opportunities for different groups of people. We will store your information securely and in line with the requirements of the *Data Protection Act 1998*.

Thank you for taking the time to complete the survey; if you have any more questions about the survey please contact Sarah Williams, Operations Manager – sarah.williams@welshathletics.org

I have read and understood how the sport will use my personal information.

The following questions are about your profile. The information provides us with a profile of Welsh Athletics so we can assess the representation of different groups and whether more needs to be done to achieve equality of opportunity.

Age

Please tick the appropriate box to indicate your age band:

1. 18-24 years 2. 25-34 years 3. 35-44 years 4. 45-54 years
 5. 55-64 years 6. 65-74 years 7. 75+ years

Ethnic origin

Please tick the appropriate box to indicate your cultural background:

- | | |
|---|---|
| <input type="checkbox"/> White- Welsh/English/Scottish/Northern Irish/British | <input type="checkbox"/> Asian/Asian British - Pakistani |
| <input type="checkbox"/> White-Irish | <input type="checkbox"/> Asian/Asian British- Bangladeshi |
| <input type="checkbox"/> White-Gypsy or Irish Traveller | <input type="checkbox"/> Asian/Asian British- Chinese |
| <input type="checkbox"/> White- Any other white background (please specify) | <input type="checkbox"/> Asian/Asian British-Any other (please specify) |
| <input type="checkbox"/> Mixed/Multiple Ethnic groups-White and Black Caribbean | <input type="checkbox"/> Black/African/Caribbean/Black British- Caribbean |
| <input type="checkbox"/> Mixed/Multiple Ethnic Groups-White and Black African | <input type="checkbox"/> Black/ African/Caribbean/Black British- Any other (please specify) |
| <input type="checkbox"/> Mixed/Multiple ethnic groups- White & Asian | <input type="checkbox"/> Arab |
| <input type="checkbox"/> Mixed/Multiple ethnic groups- Any other (please specify) | <input type="checkbox"/> Any other ethnic group (please specify) |
| <input type="checkbox"/> Asian/Asian British –Indian | <input type="checkbox"/> Prefer not to say |

Disability

The Disability Discrimination Act 1995 defines a disabled person as anyone with a ‘physical or mental impairment that has a substantial and long-term adverse effect upon his/her ability to carry out normal day-to-day activities’.

Do you consider yourself to have a disability? Yes No

Do you consider your day-to-day activities limited because of a health condition or disability / impairment which has lasted, or is expected to last, at least 12 months? Include problems related to old age

Yes, limited a lot Yes, limited a little No

If yes
How would you describe your impairment? Please tick all the boxes that apply to you.

- | | |
|--|---|
| <input type="checkbox"/> Deaf or hard of hearing | <input type="checkbox"/> Blind or partially sighted |
| <input type="checkbox"/> Physical impairment (I do not use a wheelchair) | <input type="checkbox"/> Physical impairment (I am a permanent wheelchair user) |
| <input type="checkbox"/> Physical impairment (I use a wheelchair to participate in sport) | <input type="checkbox"/> Amputee |
| <input type="checkbox"/> Learning difficulty (e.g. movement co-ordination difficulty – dyspraxia, dyslexia etc.) | |
| <input type="checkbox"/> Learning disability (e.g. Downs Syndrome etc.) | <input type="checkbox"/> Mental health condition (e.g. depression, stress etc.) |
| <input type="checkbox"/> Long term illness (e.g. cancer, multiple sclerosis etc.) | |
| <input type="checkbox"/> I would prefer not to answer this question | |
| <input type="checkbox"/> Other condition, please write in..... | |



Please provide details of your disability and specify any adjustments we could make to accommodate your needs:

Gender Please tick the appropriate box to indicate your gender:

- 1. Male
- 2. Female
- 3. Transgender
- 4. Prefer not to say

Gender reassignment

Do you consider your gender to be the same as at your birth?

- Yes
- No
- I prefer not to respond to this question

Sexuality

It is believed that it is helpful to gather this information for the purpose of statistical analysis. (Although analysis will be more effective if everyone provides a response, it is appreciated that this is a sensitive and personal question and therefore please be aware that your response is voluntary.)

Please tick the appropriate box to indicate your sexuality:

- 1. Heterosexual/Straight
- 2. Gay Woman/Lesbian
- 3. Gay Man
- 4. Bisexual
- 5. Prefer not to say

Marriage

- 1. Married
- 2. In a civil partnership
- 3. No
- 4. Prefer not to say

Pregnancy and Maternity

Maternity is defined in the Equality Act as the 26 weeks after giving birth. This section limits required responses to females only.

- 1. Pregnant
- 2. Within 26 weeks of having given birth
- 3. No
- 4. Prefer not to say

Religion or belief

It is believed that it is helpful to gather this information for the purpose of statistical analysis. (Although analysis will be more effective if everyone provides a response, it is appreciated that this is a sensitive and personal question and therefore please be aware that your response is voluntary.)

Please tick the appropriate box to indicate your religion/belief:

- 1. None
- 2. Christian (denominations)
- 3. Buddhist
- 4. Hindu
- 5. Jewish
- 6. Muslim
- 7. Sikh
- 8. Other (please specify) _____
- 9. Prefer not to say

What is your main language?

- English or Welsh
- Other, please write in (including British Sign Language)
- Prefer not to say

Can you understand, speak, read or write Welsh? Please tick all that apply

- Understand spoken Welsh
- Speak Welsh
- Read Welsh
- Write Welsh
- None of the above
- Prefer not to say

Thank you for completing this profile form.