**Application for Bowls Australia Club Coach Reaccreditation**

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| --- | --- | --- | --- | --- | --- | --- |
| Title: | Surname: | | | | Given Name/s: | |
| Address: | | | | | | |
| Suburb: Postcode: | | | | | | |
| Email: | | | | Home Phone: | | |
| Date of Birth\*\*:  *\*\*DOB is a Mandatory Requirement* | | | | Mobile Phone: | | |
| Bowls Club: | | |  | District/Zone: | | |
| **Current NCAS Details (if applicable)** NCAS/NOAS #: BA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry: \_\_\_\_\_\_ / \_\_\_\_\_\_ | | | | | | |
| **Preferred date:** | | 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | NSWWBA Affiliation *#* | | Bowls NSW ID # *(If known)* |
|  | | 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**Reaccreditation Prerequisites**

I am applying for reaccreditation as a Club Coach

I have provided evidence of 200 hours of practical coaching to my club president/secretary

I have viewed the online coaching videos on the BA website

My club has completed and signed the “current and competent letter”

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** |  | **DATE:** |  |

**Parent / Guardian Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Parent or Guardian must Sign if under 18 Years old)  
  


**NSWWBA (Women)**

**Payment Details for WOMEN**

Please accept my payment of $25 for Club Coach Reaccreditation

 **Cheque/ Money Order**

 **Direct Deposit** Westpac Banking Corporation

**BSB**: 032-006 **Account**: 41 5377

Please notify office of deposit by email to  
 [reception@womensbowlsnsw.org](mailto:reception@womensbowlsnsw.org)

***\*\*NSWWBA does not have Credit Card facilities\*\****

***Please Note:***Prior to depositing money please request an invoice number, Invoice number & your Club Name MUST be used as a reference for direct deposit.

**Bowls NSW (Men)**

**Payment Details for MEN**

Please accept my payment of $25 for Club Coach Reaccreditation

 **Cheque/ Money Order**

 **Direct Deposit** RNSWBA Ltd Commonwealth Bank   
 **BSB:** 062 – 018 **Account:** 1032 6652

Please notify of deposit via email to [rnswba@rnswba.org.au](mailto:rnswba@rnswba.org.au)

 **Credit Card** Card Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Card No: \_\_\_\_\_\_\_\_\_\_ /\_\_\_\_\_ \_\_\_\_\_ /\_\_\_\_\_ \_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_

Expiry Date: \_\_\_\_ \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_ CVC #: \_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_