

## Level 2 Certificate in Coaching Badminton Candidate Registration Form

To secure a place, please complete this form in BLOCK CAPITALS and post to Badmintonscotland with course payment at least 28 days prior to the start of day one of the course. A confirmation email will be sent to you to confirm your place on the course. Your place will only be secured once we have received payment. **Your place will only be secured if payment has been received.**

### A: Course Information

Level 2 Certificate for Coaches in Badminton		Coach register number (if applicable):	
Course Dates		Funding Source (evidence must be provided)	
Course Venue		Funding Secured	£
Course Code		Course Fee (please tick payment option)	Cheque
			Bank Transfer
Payment can be made by cheque or bank transfer. If paying by cheque, please return with form. To pay by bank transfer contact <a href="mailto:Coachadmin@badmintonscotland.org.uk">Coachadmin@badmintonscotland.org.uk</a> for account details. VAT registration 271762254			

### B: Candidate Registration Details **PLEASE NOTE – All candidates must be 18 on day 1 of the course**

Title (Mr, Mrs, Ms etc)												
First name												
Surname												
Gender	Male / Female	Date of Birth										
Full Postal Address												
Postcode		Contact Telephone No.										
Email		Mobile										
Do you have a SQA Scottish Candidate Number – SCN?	Yes / No	Previous Address										
Scottish Candidate Number (SCN = 9 digit)	<table border="1" style="width: 100%; text-align: center;"> <tr> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> <td style="width: 25px; height: 20px;"></td> </tr> </table>										<b>PLEASE NOTE if this number is not entered, it can cause delays in issuing the award certificate</b>	
Please fill out SCN if known this is very important.												
SCN numbers have been allocated by the SQA since 1979, if you feel that you have previously been allocated a SCN by the SQA, your number details can be generated for you by calling the SQA free phone number 0845 279 1000. Please inform the programme co-ordinator as soon as possible once your SCN becomes known to you.												
<b>Name of your most recent training provider of SQA qualifications (eg Secondary School, College, University, S/NGB, Employer, None)</b>												

I confirm that I have completed the following qualification:

Award	Please Tick	Date Awarded	Venue
Badmintonscotland Instructor's Award			
Badminton Wales Leader Award			
Badminton England Level 1			
UKCC Level 1			
Badmintonscotland Level 1 Advanced			
Badmintonscotland Introductory Award			

### C: 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"/>		

### D: 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"/>	Other	<input type="checkbox"/>
Learning (dyslexia?)	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Physical	<input type="checkbox"/>

Brief description e.g. wheelchair user, dyslexia

### E: Physical Activity Readiness Questionnaire (PAR-Q)

- |   |     |    |
|---|-----|----|
| 1. Has your doctor ever said that you have a heart condition and that you should only do physical activity recommended by a doctor? | Yes | No |
| 2. Do you ever feel pain in your chest when you do physical activity?   | Yes | No |
| 3. Have you ever had chest pain when you are not doing physical activity?   | Yes | No |
| 4. Do you ever feel faint or have spells of dizziness?  | Yes | No |
| 5. Do you have a joint problem that could be made worse by exercise?  | Yes | No |
| 6. Have you ever been told that you have high blood pressure?   | Yes | No |
| 7. Are you currently taking any medication of which the instructor should be made aware? If so what?                                | Yes | No |
| 8. Are you pregnant or have you had a baby in the last 6 months?  | Yes | No |
| 9. Is there any other reason why you should not participate in physical activity? If so what?                                       | Yes | No |

## F: Candidates with Special Requirements

If you require resources to be supplied in a special format e.g. large print, please tick here and provide details

*Every effort will be made to ensure that resources are available for the start of the course, however some formats may take longer to produce. We will contact you if there is a chance of delay*

Do you require extra assistance on the course? (Please give details)

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## G: Disclaimer and sign up to Code of Conduct and Ethics

Every physical activity carries potential risks. Whilst every precaution will be taken to ensure your safety, you should recognise that you take part at your own risk. The organisers take no responsibility for any injuries sustained unless they occur through negligence.

I have read and understand the statement above and also agree to abide by the Home Country Badminton Associations Code of Conduct and Ethics.

Signed

Date

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If you DO NOT wish your name and address to be forwarded to the local authority development officers to enable them to forward, to you, details of coaching opportunities, please tick this box.

## H: Data Protection Statement

By signing below, I, the candidate, agree to give permission for my name, date of birth and any other relevant personal details to be used to register on my behalf with awarding bodies, for example give to SQA so that I can be registered for SVQ(s). (This is in accordance with the Data Protection Act 1998).

Personal details (as above) will need to be gathered from candidates to allow for registration and certification for your award with the Scottish Qualification Authority. The data transfer will at no time encroach on your civil rights as detailed in the Data Protection Act (1998).

Candidates must also note that certificates will be sent directly to the appropriate SQA Approved Delivery Centre for UKCC awards, **at which time they will be opened** to allow for administration and quality assurance of the certificates prior to dispatch to you.

Please note that during this period, any other SQA qualification which you may be certificated whilst undertaking you UKCC courses will also be sent to this centre address. Should this happen e.g. with Secondary School results, the administrator at the centre will make every effort to inform you of the certificate arrival and arrange with you how best to have them re-directed or collected.

The information provided by you will be processed by BadmintonScotland, which as data controller is responsible for it. It will then be forwarded to **sportscotland**.

The information will be processed to help BadmintonScotland perform its functions including: to work out whether you are eligible for support, assessing that the funding allocated is contributing towards the key aims originally outlined (deployment and making an impact on the community), to collect equity information on the individuals receiving funding and to monitor coaches, ensuring transition from UKCC Level 1 to Level 2 where appropriate. BadmintonScotland may contact you by post, telephone, fax or email in connection with these purposes. BadmintonScotland will keep your personal information so we can audit our assessment of funding.

**sportscotland** may pass your name and address to third parties for marketing purposes. Third parties' applications are assessed on the basis of their interest and benefit to you, in accordance with **sportscotland's** approval.

If you do not wish your details to be passed to third parties for this purpose please tick here  (Ticking this box will not exempt you from **sportscotland** communications connected with **sportscotland's** functions outlined above).

Signed

Date

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## I: Current Coaching Information

Coaching Commitment (please provide information on current/planned coaching activity)		
Time Commitment	<input type="checkbox"/> Less than once per month	<input type="checkbox"/> Once per month
	<input type="checkbox"/> 1-5 hours per week	<input type="checkbox"/> 5-10 hours per week
	<input type="checkbox"/> 10-20 hours per week	<input type="checkbox"/> 20 plus hours per week
	<input type="checkbox"/> Other (Please Describe)	

Local Authority	
In which Local Authority area does your coaching activity take place?	
Club where coaching takes place:	

## J: BadmintonScotland Coach Register

We advise that all coaches join our coach register. Coach Register benefits can be found below and on our website. As coaches are self-employed we cannot cover the cost of PVG applications. All self-employed coaches should be aware that it is their responsibility or their employer's responsibility to complete the PVG process (unless coaches are volunteering at one of our affiliated clubs who have registered to use us as their intermediary body).

### **COACHES REGISTER CONSISTS OF:**

1. Public Liability Insurance of £5M (except category D members & those in category E living outwith Scotland) and only for category A if they meet the criteria of assisting the appropriate level of coach.
2. Subscription to 'Scottish Badminton' magazine (3 issues per year)
3. Preferential prices on Yonex equipment and clothing (see enclosed letter)
4. Your name may be offered to local authorities for employment on a coaching basis only if you tick the data protection box.
5. 1 Free annual place at a CPD workshop throughout the year and reduced prices thereafter
6. Reduced price ticket for National Coaching Conference
7. Affiliation to **BADMINTONScotland**.

### **WADA CODE**

**BADMINTONScotland** is opposed to the use of drugs in sport and is a member of and subject to the anti-doping jurisdiction of the Badminton World Federation. The anti-doping rules of the Scottish Badminton Union Ltd are the UK Anti-Doping Rules published by the Drug Free Sport Directorate of UK Sport (or its successor) as amended from time to time, a copy of which can be accessed on the **BADMINTONScotland** website – [www.badmintonScotland.org.uk](http://www.badmintonScotland.org.uk)

### **APPLICATION FOR MEMBERSHIP**

I, ....., as a member of **BADMINTONScotland's** Coach Register hereby apply to become a member of Scottish Badminton Union Ltd, a company limited by guarantee (Company No. 209935), and I undertake to be bound by its Memorandum and Articles of Association including in particular the obligation of guarantee in terms of clause 7 of the Memorandum to such extent as may be required (not exceeding £1). **BADMINTONScotland** is the trading name of the Scottish Badminton Union Ltd.

In signing this application form I agree that I as shall be deemed to be and be in fact bound by the Memorandum and Articles of the Union as well as the Bye-laws and Rules and in particular the Disciplinary Rules contained in Article 17 of the Articles of Association, Coaches Code of Conduct or Ethics, Equity Policy, Doping Control Programmes and other Disciplinary Rules as set out on our website.

Yours faithfully

Signed ..... Date .....

### **DATA PROTECTION ACT 1998**

Please indicate if you wish your name to be held on the database:- YES  NO

Information supplied on this form may be held on computer, published on our website Coach Register Members section or verified by reference to computer records or processed in a way, which will include referring to personal data, or other information held on computers.



*For Office Use Only*

<b>Date Received</b>	<b>Date Candidate filed</b>	<b>Date units filed</b>	<b>Date Green</b>	<b>Payment Received</b>
<b>Notes</b>	<b>Notes</b>	<b>Notes</b>	<b>Notes</b>	<b>Notes</b>

Note:

Candidates are expected to complete the stated pre-course reading and practical exercises prior attending for the delivered content of the course. Failure to do so may limit the ability of candidates to successfully complete the course and obtain the qualification.