

## Level 1 Award for Assistant Coaches in Badminton

### Candidate Registration Form

To secure a place on the course, please complete this form in BLOCK CAPITALS and return with course payment. Please return it by post or email to BadmintonScotland (details at the end of form) at least 14 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 if payment has been received.**

#### A: Course Information

Level 1 Award for Assistant Coaches in Badminton		Coach register number (if applicable):	
Course Dates		Funding Secured (evidence must be provided)	
Course Venue		Amount paid by candidate	£
Coach not coaching in an affiliated club	£220 <input type="radio"/>	Coach with affiliated club or Coach Register Member	£200 <input type="radio"/>
Name of Club where coaching takes place:			
Course Code		Course Fee (please tick payment option)	<input type="checkbox"/> Cheque <input type="checkbox"/> 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 16 on day 1 of the course**

Title (Mr, Mrs, Ms etc)													
First name													
Surname													
Affiliated Club Name													
Gender	Male    Female prefer not to say	Date of Birth											
Full Postal Address													
Postcode		Contact Telephone No.											
Email		Mobile											
Emergency Contact Name and Telephone													
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%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>												<i>Please fill out SCN if known this is very important.</i>

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 course administrator as soon as possible once your SCN becomes known to you.

**Name of your most recent training provider of SQA qualifications (eg Secondary School, College, University, S/NGB, Employer, None)**

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

**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

<input type="checkbox"/>
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*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) \_\_\_\_\_

**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 \_\_\_\_\_

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 \_\_\_\_\_



## I: Badminton Knowledge and Experience

(Please detail how you fulfil the course prerequisites)

This information will be used to determine whether you are a suitable candidate for the Level 1 course and will also be distributed to the course tutor.

Name	Course Venue & Date			
Pre-requisite: I have completed Badminton Basics (include copy of certificate)	Yes	No		
Pre-requisite: I have completed Safeguarding and Protecting Children Workshop (Include Copy of Certificate)	Yes	No		
Where do you play badminton? (Club / Group / College / University / Sports Centre)				
What is your current playing experience and knowledge relating to badminton?				
Current coaching experience (badminton and other sports)				
Summary of other relevant awards held e.g. coaching awards from other sports, degree, Sportscoach UK certificates				
Why do you want to be a badminton coach?				
Where will you coach once you have completed this award?	Venue:  Local Authority:			
Which groups do you currently work with or intend to work with? (tick all appropriate)	5-11 year olds	12-18 year olds	Senior Recreational	Senior Performance
How many hours per week do you intend to coach once you have completed this award?	1-5 hours	6-10 hours	11-20 hours	21 hours+

Note:

Candidates are expected to complete the stated pre-course reading and practical exercises prior to 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.



**J: BadmintonScotland Coach Register**

After completion of Level 1, all Level 1 course candidates will have the opportunity to join the Badminton Scotland Coaches Register. For details of the benefits associated with becoming a Coach Register member, please see the Application Guidance Pack or [www.badmintonScotland.org.uk](http://www.badmintonScotland.org.uk)

**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. Discounted rates of Coaches CPD and Discounted Annual Coaches Conference
3. Preferential prices on Yonex equipment and clothing
4. Your name may be offered to local authorities for employment on a coaching basis only if you tick the data protection box.
5. 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)

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.

**Please return this completed form to Hannah James, Coaching and Development Administrator by email or post:**

[Coachadmin@badmintonScotland.org.uk](mailto:Coachadmin@badmintonScotland.org.uk)

BADMINTONScotland, Cockburn Centre, 40 Bogmoor Place, Glasgow, G51 4TQ

*For Office Use Only*

Date Received	Date Candidate filed	Date units filed	Date Green	Payment Received
Notes	Notes	Notes	Notes	Notes

