

UKCC Level 1 Certificate in Coaching Badminton

Shetland, October 2008 - CANDIDATE REGISTRATION FORM

Please complete this form in BLOCK CAPITALS and return, with payment, by Tuesday 30th September 2008 to:

Sport & Leisure Service, Shetland Islands Council, Hayfield House, Hayfield Lane, Lerwick, Shetland, ZE1 0QD
 Tel: 01595 744006 Fax: 01595 744056 E-mail: community.development@shetland.gov.uk

Course Information

Level 1 Certificate in Coaching Badminton		Completion date:	
Course dates*	18 & 19 October plus assessment 08 November 2008	Course fee attached	(please circle) £120.00 (for paid coaches) £80.00 (for volunteer coaches)
Course venue*	Aith & Lerwick	Course Co-ordinator	Bob Kerr

Candidate Registration Details

Title (Mr, Mrs, Ms etc)		<i>Candidate Name (to appear on certificate)</i>										
First name*		Maiden name (if applicable)										
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%; height: 20px;"> <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> </tr> </table> <p>PLEASE NOTE if this number is not entered, it can cause delays in issuing the award certificate</p>											<i>Please fill out SCN if known this is very important.</i>
<p>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.</p>												
<p>Name of your most recent training provider of SQA qualifications (eg Secondary School, College, University, S/NGB, Employer, None)</p>												

Candidates are required to:

- be at least 16 years of age
 - have some experience of playing the game and can participate in a short rally
- or
- can demonstrate knowledge and understanding of what is required when playing the game and the technicalities required when participating in a short rally

Candidates must circle Yes or No to the following questions to acknowledge that they meet the pre-requisites:

1. I understand the course boundaries for singles & doubles Yes/No
2. I can score a simple game of singles/doubles Yes/No
3. Please describe below a simple six shot rally _____

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"/>

Details to assist the Tutor's Records

Additional Details to be sent to the course tutor

Badminton coaching qualifications/ awards held						
Summary of other relevant qualifications/ awards held						
How often do you coach (on average)?	Full time	Most days	2-3 times/wk	weekly	Monthly	Not currently coaching
Where do you coach? (please circle all that apply)	Club	County Squad	School	Leisure Centre	Other (please state)	
What age are the players (please circle all that apply)	Under 8	8-11	12-14	15-18	19-23	24 +
What is your occupation?						

Cont'd//

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 |

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) _____

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 _____

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 by Badminton Scotland to register on my behalf with awarding bodies, for example give to SQA so that I can be registered for SVQ(s). (The is in accordance with the Data Protection Act 1998).

Signed _____

Date _____

For Office Use Only

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

Note:

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