

Course Application – Education Courses 09 - 10



JUDGING COURSE APPLICATION

Discipline: *Floor, Vault and Bench* **Venue:** *Clickimin Centre, Lerwick, Shetland*

Dates: *Friday 27th/ Saturday 28th/Sunday 29th Nov 2009*

Name of Club you are involved with

Title: Mr/ Mrs/ Ms/ other **Name:**

Maiden Name (if applicable): **Nationality:**

Address:

..... **Tel No:**

Postcode: **Date of Birth** **Sex: M / F (please delete)**

Previous Addresses (If not the same as above in the last 10 years).....

.....

.....

Email address:

Present judging qualification **Date Gained** / /

Please indicate if you regard yourself as having a disability, please circle - Physical Learning Sensory

SG Membership No: **BG Membership No:**

Note: Membership is not included in the cost of this course and candidates must ensure that they have SGA membership before applying for a place on a course. All club judges and above MUST ensure that they have both SGA and BGA membership.

Please make cheques payable to '**Shetland Islands Council**' and return this form with payment by **Monday 16th November 2009.**

- I am a paid member of staff and I enclose a cheque for the full course fee of **£90.00**
- I am a club volunteer and I enclose a cheque for the subsidised course fee of **£45.00**

I do NOT require a receipt for payment

I DO require a receipt for payment. Please send this to my address above.

Please return this form to: *Bob Kerr, Sports Development Officer, Shetland Islands Council,
Hayfield House, Hayfield Lane, Lerwick, Shetland, ZE1 0QD
Fax (01595) 744056 E-mail bob.kerr@shetland.gov.uk*

Cont'd over//

Do you have a SQA Scottish Candidate Number – SCN? Yes / No.

If Yes please provide the 9 digit number

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 helpdesk on 0845 279 1000. Please inform the Education Office as soon as possible once your SCN becomes known to you.

Please note: If this number is not provided this will cause delays in issuing certificates.

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

SGA/BGA is committed to the protection of children and vulnerable adults involved in gymnastics and have a duty to ensure the suitability of any individual who works with children and/or vulnerable adults. To fulfil this responsibility, we ask that you indicate if you have any criminal convictions.

Note: You are advised; under the provisions of the Rehabilitation of Offenders act 1974 exclusions and exceptions (Scotland) order 2003 to declare all convictions including 'spent' convictions.

Scottish Gymnastics Association will not discriminate unfairly against applicants with a criminal record, cautions, reprimands and final warnings. Having a criminal record will not necessarily bar an applicant from working, whether in a paid or voluntary position, for the Association or its member clubs.

Please indicate whether you have any criminal convictions. Yes/No
(If yes, a self declaration form will be sent out to you)

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 the SQA so that I can be registered for this course.

Signed: **Date:**

For office use only		
Date Received ___/___/___	Cheque No: _____	Amount received: £___:___