

## School Sport Coaching Project 2015 – Pupil Application & Consent Form

*Please send all completed forms to School Sport Coaching Project, 79 Dunkeld Road, Perth PH1 5DH. All forms must be received by Friday 27<sup>th</sup> March.*

The School Sport Coaching Project is funded by the Gannochy Trust via the Perth and Kinross Coach Partnership, the outcomes of which are:

- The development of local people to provide good quality sustainable clubs and programmes, and to achieve their personal goals in being involved in sport and active recreation.
- The development of positive role models in sport at all levels as participants, coaches and officials to inspire future generations.

Pupil Name: \_\_\_\_\_ School: \_\_\_\_\_

Year Group: \_\_\_\_\_ DOB: \_\_\_\_\_ Male / Female \_\_\_\_\_

**Personal Statement** – *If you would like support in completing this application, please contact your Active Schools Coordinator*

Please write a short statement which explains the following:

1. Why you would like to apply for the School Sport Coaching Project?

2. Where you would like to complete your 10 hours volunteering and in which sport? (For example, you could volunteer at a primary school, secondary school, sports club or Live Active coaching programme.)

- What skills and / or personal attributes would you like to develop through involvement in the School Sport Coaching Project?

Communication		Time Management	
Leadership		Organisation	
Working with others		Decision making	
Taking responsibility		Confidence	
Resilience		Motivation	
Other(s):			

**Places are limited; therefore please state clearly on your personal statement why you would like to be involved in the project. *NB Consideration will also be given to fair allocation of places across Perth & Kinross secondary schools.***

## Programme Overview

April Programme – all courses below to be held at North Inch Community Campus

Tuesday 14 <sup>th</sup> April	Wednesday 15 <sup>th</sup> April	Thursday 16 <sup>th</sup> April	Friday 17 <sup>th</sup> April
Intro to Cricket Coaching 10 – 4pm	Leading Athletics 9:30 – 12:30pm	Tennis Leader 10 – 4pm	ClubGolf Helper 10 – 12pm
	Orienteering Leader 10 –4pm	Basic First Aid 12 - 4pm	

June Programme – all courses below to be held at Bell's Sports Centre

Monday 8 <sup>th</sup> June	Tuesday 9 <sup>th</sup> June	Thursday 11 <sup>th</sup> June	Friday 12 <sup>th</sup> June
<b>Opening Ceremony*</b> 9:45am -12pm <i>*compulsory for all</i>	Intro to Coaching Volleyball Fundamentals: 10am – 4pm	Badminton Basics Modules: 10am – 4pm	Hockey Leaders: 10am - 4pm
Sports Leader Day Certificate: 1 - 4pm	Netball Getting Started Award: 10am – 4pm	Basketball Getting Started Award: 10am – 4pm	Gymnastics Intro** – Part 2: 10am - 4pm
Rugby YCC** – Part 1: 1pm - 4pm	Football Early Touches: 10am – 4pm	Rugby YCC** Part 2: 10am – 4pm	Basic First Aid: 12pm – 4pm
Gymnastics Intro** – Part 1: 1pm - 4pm		Football Development Activities: 10am – 4pm	Coaching Disabled Athletes Workshop: 12:30 – 3:30pm

We advise all candidates to identify 3 courses they wish to attend, mark clearly (on the next page) your 1<sup>st</sup>, 2<sup>nd</sup> & 3<sup>rd</sup> choices; where possible you will be selected for your first and second choices.

- Candidates will be allocated a maximum of two courses.
- If applying for a course in April, you must also apply for a course in June. Alternatively, you can apply for two courses in June.
- \*\*If applying for Gymnastics or Rugby coaching courses in June, as these consist of two parts, you will be ineligible to apply for another course that week.
- Choices must include at least **one sport specific** course
- Applications for generic courses **only** will **not** be accepted. These include:
  - Basic First Aid
  - Sports Leader Day Certificate
  - Coaching Disabled Athletes
- Please consider the dates and timings of courses (above), before making your selection.

Course Title	Mark clearly your 1 <sup>st</sup> , 2 <sup>nd</sup> & 3 <sup>rd</sup> choices
<b>April Programme</b>	
<i>Introduction to Cricket</i>	
<i>Leading Athletics</i>	
<i>Orienteering Leaders</i>	
<i>Tennis Leader</i>	
<i>Club Golf Helper</i>	
<i>Basic First Aid</i>	
<b>June Programme</b>	
<i>Badminton Basic Modules Package</i>	
<i>Basketball Getting Started</i>	
<i>Football : Early Touches</i>	
<i>Football: Development Activities</i>	
<i>Hockey Leaders</i>	
<i>Netball Getting Started</i>	
<i>Rugby Youth Coaching Course**</i>	
<i>Gymnastics Intro to Coaching **</i>	
<i>Introduction to Coaching Volleyball Fundamentals</i>	
<i>Basic First Aid</i>	
<i>Coaching Disabled Athletes Workshop</i>	
<i>Sports Leader UK Day Certificate</i>	

I confirm I am willing to volunteer at least 10 hours as part of the School Sport Coaching Project.

Pupil Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please send all completed forms to School Sport Coaching Project, 79 Dunkeld Road, Perth PH1 5DH. All forms must be received by Friday 27<sup>th</sup> March.***

**School Sport Coaching Project 2015 - Consent Form**

Name of Child .....

Date of Birth..... Gender *(please tick)* Male  Female

Name of Parent/ Guardian .....

Address .....

..... Postcode .....

Tel (day) ..... Tel (evening) .....

Mobile .....Pupil / parent e-mail (essential).....

Name of Family Doctor .....

Practice ..... Tel Number .....

Does your child suffer from any **medical conditions/allergies** that we should be aware of? *(Please tick appropriate box)*

Yes  *(If yes – please give full details, including any current medication)* No

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**Emergency contact details** (If different from above)

Name ..... Tel no .....

**Relationship to child:** .....

**I have understood the information detailed in the information letter and therefore give my son/daughter permission to participate in courses (should they be allocated a place) and volunteer placements organised as part of the School Sport Coaching Project (SSCP).**

- I give permission for my child to be filmed / photographed for media, websites, DVD, social media and publicity (local and national) relating to the SSCP.
- I give permission to be contacted by email (to the address provided above) regarding the SSCP and relevant volunteering opportunities.
- I have outlined all medical conditions / injuries and medications my child has on the sheet below. It is my responsibility to inform the organiser/tutor if there has been a change in medical history/recent injury.
- I give permission for my child to receive emergency medical or dental treatment, if required, including the administration of anaesthetic during the programme.
- I understand that my child will only be supervised during the scheduled course timings. Should my child leave the course venue without permission they will be unsupervised.
- I understand that my child must organise their own travel arrangements.
- I understand that my child will be dismissed directly from the course venue and after this time my child will be unsupervised.

Parent or Guardian Name (block capitals):.....

Signed\*: ..... Date: .....

*\*Electronic signatures will not be accepted.*