

PARTICIPANT NOMINATION FORM

THIS FORM MUST BE COMPLETED IN FULL AND SENT TO YOUR CONSTITUENT BODY AS SOON AS POSSIBLE, AND IDEALLY NO LESS THAN TWO WEEKS PRIOR TO THE START OF THE COURSE.

NAME OF CLUB / COUNTY / BODY

PARTICIPANT/COACH DATA

NAME:	
ADRESS:	
TELEPHONE:	
E-MAIL:	
BIRTHDATE:	
INSURANCE NUMBER:	

PERSONAL INFORMATION

INVOLVED IN RUGBY SINCE:		AS COACH:	
ROLE/FUNCTION (in Club/County/Body)			
As Player	As Coach	Age Grade *	Other
<input type="checkbox"/> National Selection	<input type="checkbox"/> Adults	<input type="checkbox"/> U18	<input type="checkbox"/> Co-coach
<input type="checkbox"/> 1st Level (1st League)	<input type="checkbox"/> Age Grade * (Youth)	<input type="checkbox"/> U14	<input type="checkbox"/> Manager
<input type="checkbox"/> Other (2nd /3rd League)	<input type="checkbox"/> School/University	<input type="checkbox"/> U10	<input type="checkbox"/> Referee

CERTIFICATES

RUGBY:	<input type="checkbox"/> Get Into Rugby	<input type="checkbox"/> World Rugby Level 1	<input type="checkbox"/> World Rugby Level 2
	<input type="checkbox"/> ÖRV - Übungsleiter	<input type="checkbox"/> ÖRV - Instruktor	<input type="checkbox"/> WR/ÖRV Educator
STRENGTH & CONDITIONING:	<input type="checkbox"/> World Rugby Level 1	<input type="checkbox"/> World Rugby Level 2	<input type="checkbox"/> WR/ÖRV Educator
MEDICAL:	<input type="checkbox"/> World Rugby Level 1	<input type="checkbox"/> World Rugby Level 2	<input type="checkbox"/> WR/ÖRV Educator
REFEREE:	<input type="checkbox"/> World Rugby Level 1	<input type="checkbox"/> World Rugby Level 2	<input type="checkbox"/> WR/ÖRV Educator
OTHER:	<input type="checkbox"/> :	<input type="checkbox"/> :	<input type="checkbox"/> :

FUTURE PLANS

In my Role/Function as:	<input type="checkbox"/> Trainer	<input type="checkbox"/> Referee	<input type="checkbox"/> Other

UNION'S APPROVAL

Approved by (Name & Function:	Union Stamp and Signatur