

carnegie coach education



Course Application Form

Please complete all sections in BLOCK CAPITALS.

Please complete all boxes – applications may be returned if information is incomplete or illegible.

Cheques must be made payable to 'Leeds Metropolitan University'

Applications received without payment will not be processed.

The form should be sent to the:

Carnegie Coach Education, Leeds Metropolitan University, Carnegie Annexe, Headingley Campus, Leeds, LS6 3QS with the appropriate fee.

Course Details:

Qualification Applied For:	
Course start date:	

Personal Details:

First name				Last Name		
Gender	M / F	Date of Birth			Age on 31 st August 09:	
Permanent Home Address:						
Postcode			Contact Telephone No.			
Term Time Address:						
Postcode			Contact Telephone No.			
Email Address **(please print clearly as this will be used for correspondence)						
Mobile Telephone No.						
Emergency Contact No.						
Are you a Leeds Met Student?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If Yes , please state your current student ID Number:	

Course Payment Details:

Who is paying for the course?

Myself	<input type="checkbox"/>	Employer	<input type="checkbox"/>	Fee enclosed	<input type="checkbox"/>	£	
If your employer is paying your course fees and you require an invoice to be raised, please complete the following details in full:							
Company Name/Contact:							
Full Business Address:							

*By completing and submitting this form, you agree to the requirements and conditions of the course. Including that you have read and understood the requirements of the course, our frequently asked questions and cancellation policy.
All correspondence will be forwarded to you by email unless otherwise requested*

If you wish to pay by credit/debit card, please complete the following details below:

Card Number:																				
Card Type: Visa/Maestro/Mastercard (Delete as appropriate)																				
Valid From:																				
Issue No:																				
Amount:	£																			
Card holder's Signature																				

Card holder's details if different from applicant:

First name		Last Name	
Full Postal Address			
Postcode		Contact Telephone No.	

Disability:

Do you consider yourself to have a disability?	Yes / No/ Prefer not to say *
Do you consider yourself to have a learning difficulty?	Yes / No/ Prefer not to say *
Please give brief details of medical conditions, disabilities and/or learning difficulties	

Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi		Indian		Other white	
Asian British Indian		Mixed White and Asian		Pakistani	
Asian British Pakistani		Mixed White and Black African		Prefer not to say	
Bangladeshi		Mixed White and Black Caribbean		White British	
Black African		Other		White European	
Black British		Other Asian		White Irish	
Black Caribbean		Other Black		White Non European	
Chinese		Other Mixed Background		Prefer Not to Say	

Declaration:

I understand the requirements of the course, meet all pre-requisites as appropriate and enclose the necessary fee.	
Signed:	
Date	
Other Important Contact Details:	Telephone: 0113 812 7437 Fax: 0113 812 3204 Email: coacheducation@leedsmet.ac.uk Website: www.leedsmet.ac.uk/sport

Financial Implications for applicants not attending courses

The following cancellation policies apply for all Coach Education Qualifications

- Before 20 working days of the start date – Full Refund OR Fee Transfer
- Between 20 & 11 working days of the start date – £10 Admin Charge deducted from your refund
- Between 10 working days to the start date – NO refund or transfer

*By completing and submitting this form, you agree to the requirements and conditions of the course. Including that you have read and understood the requirements of the course, our frequently asked questions and cancellation policy.
All correspondence will be forwarded to you by email unless otherwise requested*