



Inc : A0054023D
 ABN: 60409686182

Suite 7, 32-36 Camberwell Road
 Hawthorn East, VIC 3123



Application for Club Coach Reaccreditation

Title: _____ Surname: _____ Given Names: _____

Address: _____

Suburb: _____ State: _____ P/C: _____

Home Ph: _____ Business Ph: _____ Mobile: _____

Email: _____ Date of Birth: _____

Bowls Club: _____ Region: _____

Working With Children Check Information: WWCC Number: _____ Expiry _____

Current NCAS Details (if applicable): NCAS/NOAS Number: BA _____ Expiry Date: _____

SIGNATURE: _____ DATE: _____

Reaccreditation Prerequisites

I am applying for reaccreditation as a Club Coach

I have provided evidence of 200 hours of practical coaching to my club president/secretary

My club has completed and signed the "current and competent letter"

I have viewed the online coaching videos on the BA website

PAYMENT DETAILS (Upon completion of this form, including the relevant payment details, this form will become a Tax Invoice)

Please accept my **\$50** payment by: Name on Card: _____

Cheque/Money Order* Card Number: _____

Credit Card (VISA / Mastercard) Expiry Date: _____

Other: (please specify) Signature: _____

* please make cheques/money orders payable to: Bowls Victoria Inc.

Bowls Victoria Receipt No. _____

Bowls Victoria Office Use Only

Authorised by: _____ Date: _____

*Once completed please send, with payment and Current & Competent letter, to Bowls Victoria.

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