



Inc : A0054023D  
 ABN: 60409686182

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



## Competition Module Application Form

Title: \_\_\_\_\_ Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ P/C: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Business Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Bowls Club: \_\_\_\_\_ Region: \_\_\_\_\_

Name of Course \_\_\_\_\_ Date of Course \_\_\_\_\_

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

I hereby apply for Accreditation under the National Coaching Accreditation Scheme (NCAS). I have read the 'Coach's Code of Ethics' form and agree to abide by the terms and conditions contained therein as evidenced by my signature thereon. I acknowledge the information on this form is entered onto the Bowls Australia database of registered coaches. Database information may be passed on to Bowls Victoria, Bowls Australia and the Australian Sports Commission. My information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988. If you have any privacy concerns or would like to verify information we hold about you, please contact Bowls Australia.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**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:

- Cheque/Money Order\*
- Credit Card (VISA / Mastercard)
- Other: (please specify)

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Bowls Victoria Receipt No. \_\_\_\_\_

If you have any special needs, literacy or numeracy impairment, or other condition that requires consideration, please provide details of any modifications or assistance you require to undertake this course. (Information provided will be kept in the strictest confidence)

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