



Inc : A0054023D  
 ABN: 60409686182

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



## Application for Introductory 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 an Introductory Coach

I have provided evidence of 60 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 **\$25** payment by: Name on Card: \_\_\_\_\_

Cheque/Money Order\* Card Number: \_\_\_\_\_

Credit Card<sup>^</sup> (VISA / Mastercard) <sup>^Credit Card payments attract a 1.95% processing fee. No Amex</sup> Expiry Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ CCV: \_\_\_\_\_

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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