

**ERASMUS+ APPRENTICE COACH FORM – EASTER 2023**

**Completed applications should be returned to** **amy.foster@athleticsni.org** **by Friday 10th March at 5pm.**

**Please complete the form accurately and in full**

**A selection panel headed by Athletics Northern Ireland CEO will select the coaches. Applicants may be requested to attend for interview.**

|  |
| --- |
| **Personal Details** |
| **Name** |  |
| **Email address** |  |
| **Phone number** |  |

|  |
| --- |
| **Coach Details** |
| **Events coached** |  |
| **Highest level of Coaching qualification** |  |
| **Coach licence number** |  |
| **Coach licence expiry date** |  |
| **Access NI expiry date (MUST be enhanced application completed through Athletics NI)** |  |

|  |
| --- |
| **Please outline your current coaching environment and explain how your coaching expertise will enhance the event specific development of athletes on camp.** |
| **Please demonstrate your experience of travelling to camps/competitions outside of Northern Ireland/Ireland.** |
| **All travelling athletes will undertake event specific training as well as general physical preparation including mobility, strength training and recovery sessions.** **Please explain your experience and willingness to deliver these additional aspects of athletic development.** |
| **Due to the size and age of this squad, team management duties will be required in addition to coaching duties. These will include but are not limited to: Pastoral care, study supervision, athlete education sessions (e.g., lifestyle and recovery), curfew management & dining hall supervision.** **Please outline your previous experience and willingness to undertake these duties.** |
| **Athletics NI seek to support coaches who are committed to their own personal development.** **Please explain how you have developed your coaching and outline any CPD undertaken over the past 12 months.** |
| **Please highlight any other qualifications or experience which may be relevant to the role.** |

|  |
| --- |
| **This camp is taking place from Friday 31st March – Thursday 13th April.****If successful, please indicate your availability to attend for (delete as appropriate)****Full duration** **Part duration (minimum 6 nights)** |

|  |
| --- |
| **By completing this form, I confirm that if selected (delete as appropriate)** |
| I will attend the mandatory pre travel safeguarding and welfare briefing on Monday 20th March at 8pm on zoom | YES / NO |
| I will be in possession of my own travel insurance for the duration of the trip  | YES / NO |
|  I will sign and adhere to the coach’s code of conduct | YES / NO |
| I agree to attend and contribute to educational seminars for athletes and contribute to coaches planning meetings on camp as well as daily training sessions. | YES / NO |
| I have a current valid passport which fulfils entry requirements for Portugal* Issued less than 10 years before entry date
* Valid for at least 3 months after the day of departure
 | YES / NO |
| I am in good standing with Athletics NI, British Athletics & Athletics Ireland and display exemplary conduct towards fellow coaches, young athletes and their parents.    | YES / NO |