**ASQ Award for Golf Coaching Assistants Application Form**

**Prior to applying for an ASQ Award for Golf Coaching Assistants course you are required to hold valid PVG and Child Wellbeing & Protection in Sport (CWPS) certificates. You must submit a copy of these certificates along with your application. Your application will not be accepted without these.**

1. PVG – must have been issued within the last 3 years and linked to the facility where you will be coaching. If you do not hold a valid PVG or require an update, please contact your club Safeguarding/Child Protection Officer.
2. CWPS – must have been issued within the last 3 years. Please visit the following websites for details of scheduled workshops:
* <https://www.scottishjuniorgolf.org/safegolf/safeguarding-training/>
* <https://sportscotland.org.uk/training/>

 **Preferred Course Choice:**

 Please insert course code

|  |  |  |  |
| --- | --- | --- | --- |
|   |  | Date: | Venue:  |

 **1st Choice**

|  |  |  |  |
| --- | --- | --- | --- |
|   |  | Date: | Venue:  |

 **2nd Choice**

**Applicant Details:**

|  |  |  |
| --- | --- | --- |
| Title: | Forenames: | Surname: |
|   |   |   |
| Known As: | Date of Birth: | Male: | Female: |
|   |   |   |   |
| Please print your name exactly as you would like it to appear on your certificate: |
|   |

|  |
| --- |
| Permanent Address: |
| Postcode: Region: |
|  |  |
| Daytime Telephone: | Mobile: |
|  |  |
| Email Address: |
|    |

The PGA promotes inclusivity - please indicate below if you have any specific disability/learning support

needs in relation to the attendance and completion of this course.

|  |
| --- |
| The PGA may contact you for more information including the completion of an ASQ Reasonable Adjustments form. |

Name of the golf facility that you intend to coach at:

Please indicate by ticking the appropriate box(s) how you intend to utilise this qualification.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Supporting a PGA Professional with Club Activity |  | Junior Coaching (e.g. Scottish Golf *Learn to Golf* junior programme) |  | Other |  |
| Please provide a brief description of the coaching you intend to assist with. |  |

**Senior Coach Information**

I have discussed with the applicant his/her attendance on a Golf Coaching Assistants course at the venue identified and confirm that I support the applicant in their application.

I will be available to support and supervise the applicant on their Golf Coaching Assistants journey.

|  |  |
| --- | --- |
| Name: |  |
| PGA Membership Number **or** Volunteer Coach Licence Number: |  |
| Facility Name: |  |
| Address and postcode: |  |
| Telephone: |  |
| Mobile: |  |
| Email: |  |

Please tick this box if you do not have a senior coach at your club/facility:

**Reference Form**

**Note to applicants:** You must nominate **TWO** separate referees and obtain **TWO** separate references.

Please note – Neither of the referees can be family members.

|  |
| --- |
| <*insert applicant name here*> has applied to be a volunteer coach / renew their volunteer coach licence and has given your name as a referee. This post involves substantial access to children. As an organisation committed to safeguarding children, it is important that if you have any reason to be concerned about this applicant, please contact me on:safeguarding@pga.org.uk **Andy Wright** *Head of Governance* |
| Information disclosed in this reference will be treated in confidence and in accordance with relevant legislation and guidance. Information will only be shared with the person conducting the assessment of a candidate’s suitability for a position.

|  |  |
| --- | --- |
| **How long have you known this person?** |  |
| **In what capacity?** |  |
| **Do you know of any reason why this person should not work with children?** (If ***yes***, please contact the email above) |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Signature:** |  |
| **Date:** |  |

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| **Do you know of any reason why this person should not work with children?** (If ***yes***, please contact the email above) |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
| **Telephone Number:** |  |
| **Signature:** |  |
| **Date:** |  |

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|  |  |
| --- | --- |
| **Payment Details** |  |
|  |  |
| **Course Fee** | **£300.00** |

 Credit/debit card. Please complete the form included.

 Bank transfer (please enter your name as the reference):

 PGA Limited

 Lloyds Bank

 Sort Code: 30-98-37

 Account Number: 02017178

**PLEASE REFER TO THE TERMS AND CONDITIONS OF BOOKING FOR CANCELLATION INFORMATION**

**Self-check**

|  |  |
| --- | --- |
| I have indicated my preferred choice of coaching courses (first and second choice). |  |
| I have paid by bank transfer or included a completed credit/debit card payment form. |  |
| I have included a copy of my PVG and CWPS certificates. |  |
| I have included a high-resolution JPEG photograph (head & shoulders). |  |
| I have included two completed reference forms. |  |

|  |  |  |
| --- | --- | --- |
| **Declaration** | Applicant's signature: | Date |
| I declare that all information contained within this applicationis accurate. |   |   |

|  |
| --- |
| **Data Protection** |
| The PGA will collect and retain your personal details information on your qualification status for monitoring and evaluation purposes. This information will be shared with ASQ (Association of Sports Qualifications) and relevant partners of the UK Source Group for Golf (who oversee the development and implementation of this, and other golf coaching qualifications for the benefit of the sport), if and when appropriate. The PGA will collect and use your photograph, this is classed as personal data. Your image will be used on your licence for identification purposes and also on the PGA internal data system. Your name and qualification details will also be published on the SafeGolf website as an accredited volunteer coach [www.safegolf.org](http://www.safegolf.org)This is in accordance with the PGA Data Protection policy. If you wish to make a complaint about the way The PGA use your data, please contact The Information Commissioner on 0303 123 1113. |

**When completed, please return this form plus attachments (see self-check above) to:**

**karen.kerr@pga.org.uk**

**ASQ Award for Golf Coaching Assistants**

**Credit/Debit Card Payment Form**

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If you wish to pay by credit/debit card, please complete this form.

Name of applicant

Name of account holder

Flat/house name or no. (of account holder)

Street name of account holder

Postcode of account holder

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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Card number

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

|  |  |  |
| --- | --- | --- |
|  |  |  |

3-digit security no. on back of card Expiry date

**£300.00**

**Amount:**

Card type: please tick appropriate box. Visa Mastercard Other:

We are unable to accept Visa Electron, Diners or Maestro.

Signature of account holder Date