

Level 1 Coaching Application Form

Office Use Only

Please insert the reference number of both your first and second choice of Level 1 Coaching courses.

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Course reference number

If course reference number not known

1st Choice

Date:

Venue:

Level:

2nd Choice

Date:

Venue:

Level:

Applicant's Details:

Title Forenames

Known As

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Surname

Date of Birth

Male

Female

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Please print your name exactly as you would like it to appear on your certificate

Permanent Address

<div style="display: flex; justify-content: space-between;"> Postcode: Region: </div>

Daytime Telephone

Mobile

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Email Address

Scottish Golf would like to keep you up to date with new fun activities, events and competitions for your junior golfers. Please tick the box to ensure you and your club don't miss out: ☐

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 a Support for You or Reasonable Adjustments form.

Level 1 Coaching Application Form

Name of the Golf Facility that you intend to coach at

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Please indicate by ticking the appropriate box(s) how you intend to utilise your Level 1 qualification?

Supporting a PGA Professional with Club Activity		Junior Coaching		Other	
Please provide a brief description of the coaching and the hours you commit to coaching per week					

Senior Coach Information

I have discussed with the Level 1 applicant, his/her attendance on a Level 1 Coaching Course at the venue identified and confirm that I support the applicant in their application for the Level 1 coaching course.

I will be available to support and supervise the applicant on their Level 1 journey.

Name:	
PGA Membership Number (if applicable):	
Volunteer Coaching Qualification and Licence Number:	
Facility Name:	
Address:	
Post Code:	
Telephone:	
Mobile:	
Email:	

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

Level 1 Coaching Application Form

Payment Details

Course Fee

£

(Please refer to your application pack for the appropriate course fee)

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Credit/Debit Card, Please complete attached form

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Bank Transfer: TSB Bank PLC, Birmingham Road Branch
Sort Code 30-98-37, Account Number: 02017178
Please enter your name as the reference

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

Self Check

	I have indicated the required course reference details (first and second choice).
	I have indicated the fees I am to pay.
	I have paid by bank transfer or completed credit/debit payment form.
	I have or will join the PVG membership scheme.
	I have included a high res JPEG photograph (head and shoulders) or actual photograph

Declaration

I declare that all information contained within this application is accurate.

Applicant's signature:

Date

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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 license for identification purposes and also on the PGA internal data system.

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 to:-

Residents of Scotland:

Coach Education Administrator, The PGA in Scotland, King's Lodge, Gleneagles, Auchterarder, Perthshire, PH3 1NE

Email: karen.kerr@pga.org.uk

ASQ Level 1 Certificate in Coaching Golf Qualification

Credit/Debit Card Payment Form

If you wish to pay by Credit/Debit Card please complete this form

Name of Applicant

Name of Account Holder

Flat/House No.
or Name
of Account Holder

Street Name
of Account
Holder

Post Code of
Account
Holder

Card Number

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3 Digit Security No. on back of card

Amount

£

Expiry
Date

Card
Type

Visa
(Not Visa Electron)

☐

Mastercard

☐

Other: Please state
(Not Diners or Visa Electron)

We do not accept Visa Electron / Diners / Maestro

Signature of Account Holder

Date