



FOOTBALL ASSOCIATION OF IRELAND

APPLICATION FORM KICK START 1

PERSONAL DETAILS

First Name..... Last Name.....

Date of Birth..... Occupation.....

Postal Address.....

Home telephone..... Mobile Number.....

Email address.....

Do you have a medical condition which may affect your participation on this course?

Yes/No

If yes, please give full details:

Do you have a disability (Physical, learning or sensory)?

Yes/No

If yes, please give full details:

Football Information

Please list present or former clubs – Playing Experience:

CLUB

DATES

COACHING QUALIFICATIONS

Please list coaching qualifications that you have attained:

Qualifications	Location	Date

CODE of GOOD PRACTICE

Please give below the details of a referee that the FAI may contact in the event of the FAI requiring a background check, e.g. Club manager, secretary, employer etc.

Name	Address	Contact Number

APPLIED COURSE

Course: KICK START 1

Dates:

Location:

COURSE FEE: €45

Methods of payment:

Cash

Cheque/Postal order I enclose a cheque/postal order for _____

Credit Card Please charge my: Visa MasterCard

Card Number: Expiry Date: /

TOTAL PAID: _____ €

Cheques should be made payable to The Football Association of Ireland.