



Hertfordshire Football Association Limited

Course Application Form



Course Code:	Course Title:
Course Dates:	Venue:
Surname:	Home Address:
Title:	Post Code:
First Name:	
Date of Birth:	
Telephone: (Home)	Telephone: (Mobile)
Telephone: (Work)	Email:
In Case Of Emergency Please Contact:	Relation:
Details of any Football Club or Sports Organisation you are involved in:	
Please give details of any medical condition or disability:	
Please give details if you are in receipt of any unemployment benefit:	
Have you completed any of the following in the last 3 years? (Tick Appropriate)	
FA Safeguarding Children in Football Workshop <input type="checkbox"/> Emergency Aid <input type="checkbox"/> FA CRB Check <input type="checkbox"/>	
Payment Details:	
Cheque <input style="width: 50px; height: 20px;" type="text"/>	*Cash <input style="width: 50px; height: 20px;" type="text"/>
Debit/Credit Card <input style="width: 50px; height: 20px;" type="text"/>	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Maestro	
<small>*Please be advised not to send cash through the post</small>	
Debit/Credit Card Details:	
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>
Card Holders Name and Initials..... Security No.	
Valid from date..... Expires end date..... *Card Issue No.....	
* Maestro only	
Amount of payment £.....	Signature.....
How did you hear about the Course?	

Date of application

When completed please return this form and payment (where appropriate) to the below address.

County Ground, Baldock Road, Letchworth, Herts, SG6 2EN
 Telephone: 01462 677622 Fax: 01462 677624
 Email: sharon.gill@hertfordshirefa.com alan.ackrell@hertfordshirefa.com

FAL Equality Monitoring

We would appreciate you completing this monitoring information for us.

Gender

Please indicate if you are Male or Female

Year of Birth: _____

Ethnic background

Please choose one category from A to E and then please mark 'X' in the appropriate box to indicate your ethnic background

A White

- English
- Irish
- Scottish
- Welsh
- Other

B Mixed

- White & Black Caribbean
- White & Black African
- White & Asian
- Other

C Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Other

D Black or Black British

- Caribbean
- African
- Other

E Chinese or Other Ethnic Group

- Chinese
- Other

Disability

Do you consider yourself to be a disabled person? Yes No

If you have indicated yes please mark 'X' in all the boxes that apply to you:

- Visual impairment Mental health issues
- Hearing impairment Learning disability/difficulty
- Physical impairment

Religion

- None Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
- Buddhist Hindu
- Jewish Muslim
- Any other religion e.g. Rastafari Sikh
- (please write in below)

.....