

# PCA NCAS Coaching Assessment & Accreditation Application Form



## TYPE OF APPLICATION

- Foundation  
 Preliminary  
 Level 1

## APPLICANTS DETAILS

<b>NAME</b>			
<b>ADDRESS</b>			
<b>MOBILE PHONE</b>			
<b>EMAIL</b>			
<b>CLUB (IF APPLICABLE)</b>			
<b>MEMBERSHIP NO (IF APPLICABLE)</b>			
<b>WCC NUMBER</b>		<b>EXPIRY DATE</b>	
<b>FIRST AID CERTIFICATE*</b>		<b>EXPIRY DATE</b>	

\* First aid is desirable but not essential

Please ensure you complete all sections of this application form before submitting. Incorrect or incomplete applications will not be accepted.

## TO BE COMPLETED BY THE ASSESSOR

<b>NAME OF ASSESSOR(S)</b>			
<b>ASSESSMENT VENUE</b>		<b>DATE</b>	
<b>CODE OF ETHIC SIGNED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE</b>	
<b>ASSESSMENT COMPLETE</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No, further assessment required		
<b>SIGNED BY ASSESSOR</b>		<b>DATE</b>	

## TO BE COMPLETED BY PONY CLUB WA/ STATE COACHING PANEL

<b>MEMBERSHIP CHECKED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE</b>	
<b>TABLED AT SCP MEETING</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE</b>	
<b>REGISTRATION FEE PAID</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE</b>	
<b>ACCREDITATION APPROVED</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>DATE</b>	
<b>SIGNED BY SCP</b>		<b>DATE</b>	