*******Northamptonshire Athletics Network Coaching Post Course Bursary Application*

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| **Course Completed** |
| LIRF | CIRF | COACHING ASSISTANT | ATHLETICS COACH | OTHER |
| **Course Details** |
| Course Code: | Course Date: | Course Venue: |
| **Coach License Numbers** |
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*Northants Network is able to repay 10% of the cost of the course on completion of the course and a coaching license number has been obtained. Cheques will be made payable to the relevant athletics club for payment of the bursary.*

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| **Coaches Name** |  |
|  |  |  |
| **Coaches Address** |  |
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|  |
|  |  | **Postcode** |  |
| **Home Phone No.** |  | **Mobile No.** |  |
|  |  |
| **Affiliated Athletics Club** |  |
|  |
| **Coaches E-mail Address** |  |

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| **Committee Members Name authorising application** |  |
| **Committee Members Signature authorising application** |  |