*******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** |  |