**Coach and Official Development Grant Aid Application Form  
Referee Form**

|  |  |  |  |
| --- | --- | --- | --- |
| This page must be completed by club representative, who is not related to the applicant and submitted at the time of application. | | | |
| Name of applicant |  | | |
| Referee details | | | |
| Name |  | | |
| Address |  | | |
|  | Postcode |  |
| Telephone Number |  | | |
| Email Address |  | | |
| Sports Club |  | | |

In what capacity do you know the applicant?

Does the applicant coach in a voluntary capacity for the organisation mentioned on page 3?

(Please circle) Yes/No

How many hours per week?

Who does the applicant currently coach? (Please tick all that apply)

Adults Juniors Males Females People with disabilities

Please detail any further information in support of this application

I certify that this application is correct to the best of my knowledge and support this application.

Print Name

Signed Date

Position within the club/sport