



**IRISH SQUASH**

**Irish Squash Federation clg**

**Assessment/Application Form: Coaches/Team Managers**

**Confidential:**

Position applied for:
Name
Any surname previously known by
Date of Birth
Present address
Current occupation:
Name of organisation
Previous experience of working with young children in a voluntary or Professional capacity.
Sporting/Squash Qualifications:
Reason for Applying:
Have you ever been asked to leave a sporting organisation:      Yes <input type="checkbox"/> No <input type="checkbox"/> If you have answered yes, we will contact you in confidence.
Name and address of two people who know you (but who are not related to you) and who would have experience of you working with children, whom we could contact and who would provide you with a reference. Name and Address of Referee 1: _____ _____ Name and Address of Referee 2: _____ _____
I agree to abide by the Irish Squash Safeguarding Policy and the Irish Squash Code of Conduct. Signed _____ Date: _____

**Registered Office: Irish Squash clg, Irish Sport HQ, National Sports Campus,  
Blanchardstown, Dublin 15 D15 DY62. Registered No. 3031413FH  
Tel: +353 1 6251145 E Mail: [info@irishsquash.com](mailto:info@irishsquash.com) Web: [www.irishsquash.com](http://www.irishsquash.com)  
Twitter: @irishsquash Facebook: [facebook.com/irishsquash](https://www.facebook.com/irishsquash)  
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