



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 squash players in a voluntary or professional capacity.
Sporting/Squash Qualifications:
Reason for Applying:
Have you ever been asked to leave a sporting organisation: If you have answered yes, we will contact you in confidence. Yes <input type="checkbox"/> No <input type="checkbox"/>
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, who would provide you with a reference. Name and Address of Referee 1: _____ _____ Name and Address of Referee 2: _____ _____

**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 Web: www.irishsquash.com
Twitter: @irishsquash Facebook: [facebook.com/irishsquash](https://www.facebook.com/irishsquash)
You Tube: [youtube.com/irishsquash](https://www.youtube.com/irishsquash)**

I agree to abide by the Irish Squash Safeguarding Policy and the Irish Squash Code of Conduct.

Signed _____

Date: _____

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