

## Staff Registration Form

(strictly confidential)

*This form is to be completed by all applicants to become Squash Link coaches, mentors, trainers or session facilitators. Please complete and return with a current copy of your CV. Thank you.*

Full Name		D.O.B	
Permanent Address			
Home Phone		Mobile No.	
N.O.K Name		Relationship	
Home Phone		Mobile No.	
Doctor's Name		Practice Name	
Address		Phone no.	

**Valid NGB Qualifications** (please circle your current qualification level)

Squash Coaching:

Level 1	Year obtained
Level 2	Year obtained
Level 3	Year obtained
Level 4	Year obtained

First Aid Certification:

Awarding Body=

Level=

Year=

**Relevant training** *(Please give the year of any in-house training attended)*

Child Protection Training:

Year=

Other:

**Criminal Records Check** *Squash Link operates a Child Protection policy. To work with children or vulnerable persons coaching, mentoring, counselling, teaching or training you are required to have been vetted by the Garda Siochana National Vetting Bureau. As a member of the National Youth Council of Ireland's Garda Vetting Consortium, all ISEA staff members including volunteers will be electronically vetted prior to working with Squash Link participants.*

**Medical Details**

If you have any medical condition, complaint, allergies or have recently undergone any medical treatment, please provide full details below.

Are you currently taking any medication?                      YES / NO                      (please circle as appropriate)

If YES, please provide details.

Do you consider yourself to have a disability?                      YES / NO                      (please circle as appropriate)

If YES, please provide details.

**Consent**

In the event of any illness or accident, I authorise a qualified Squash Link staff member to administer First Aid. In the event of any medical emergency I acknowledge every effort will be made to contact my named Next of Kin.

**I consent to being photographed during activities with Squash Link, and consent to these being used in appropriate marketing materials.**                      **YES / NO**                      **(please circle as appropriate)**

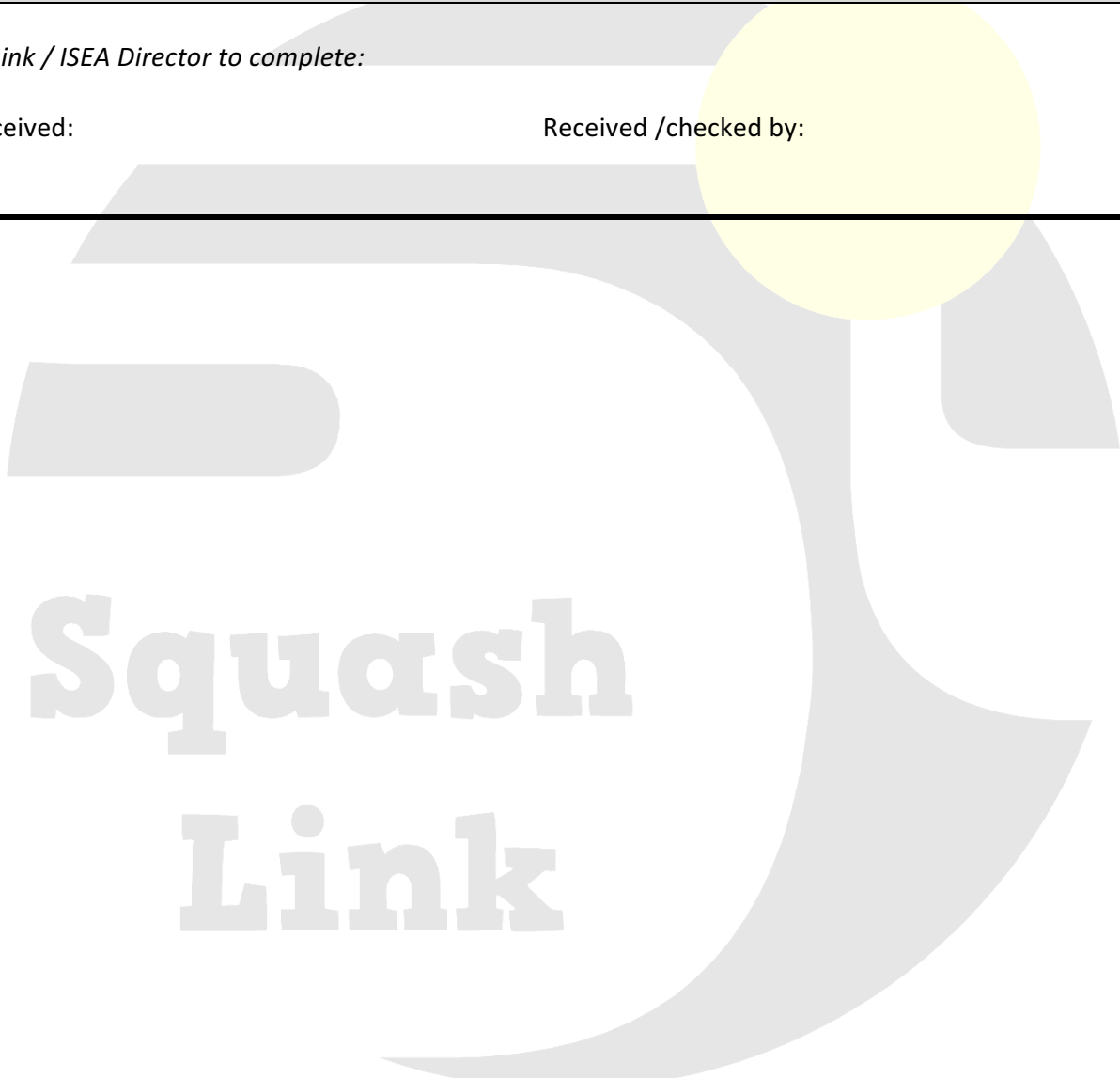
All information provided on this form is true and accurate at the time of completion.

Signed \_\_\_\_\_ Date \_\_\_\_\_

*Squash Link / ISEA Director to complete:*

Date Received:

Received /checked by:



**Squash**  
**Link**