|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **GENERIC INFORMATION\*** | | | | | |
| **National Federation** |  | | | | |
| **First name**  (as worded on passport) |  | | | | |
| **Family name**  (as worded on passport) |  | | | | |
| **Preferred Full Name** |  | | | | |
| **Nationality** |  | | | | |
| **E-mail address(s)** |  | | | | |
| **Phone Number**  (with country code) |  | | | | |
| **Date of Birth**  (dd/mm/yyyy) |  | | | | |
| **Gender** | **Male** | | **Female** | | |
| **Mailing address**  (Street, Number) |  | | | | |
| **Mailing address**  (City, Post Code) |  | | | | |
| **Mailing Address**  (Country) |  | | | | |
| **Medical Insurance Details**  (insurance plan and number)  Please scan a copy of insurance certificate with your application | - | | | | |
| **Please indicate if you have any special nutritional requirements.** | - | | | | |
| **Emergency Contact**  Please list name and contact phone number (incl. country code) and email we can use in the case of an emergency. |  | | | | |
| **Your level of English**  (oral) | **Beginner** | **Intermediate** | | | **Advanced** |
| **Your level of English**  (written) | **Beginner** | **Intermediate** | | | **Advanced** |
| **Internet Access**  Do you have daily access to Internet? | **YES** | | | **NO** | |
| **Computer / Laptop Access**  Do you have daily access to a computer or a laptop? | **YES** | | | **NO** | |
| **COACHING EXPERIENCE / COACH PROFILE\*** | | | | | |
| **Years in coaching** |  | | | | |
| **In triathlon** |  | | | | |
| **In any other sports**  (Please specify) |  | | | | |
| **Level of athletes coached** |  | | | | |
| **Ages of athletes coached** |  | | | | |
| **Coaching Education**  \*\*List all coaching-relevant education, courses, etc. |  | | | | |
| **Coach Profile**  \*\*Please, provide a brief description of the coach’s character and abilities. |  | | | | |
| **Did you take any ITU Coaching Education Course in the past? If, yes, please specify.** | Community | Level 1 | | | Level 2 |
| Date of the Course: | | | | |
| Venue of the Course: | | | | |
| Result (failed/qualified/grade etc.): | | | | |
| **Reason for nomination**  \*\*Provide reasons why this coach was chosen for the course |  | | | | |

*\*Please make sure that all details will be provided.*

*\*\*NFs can supplement this information with the coach’s sporting CV if available*

***I, the undersigned, Representative of the National Federation and the Candidate, certify, that the information provided above is accurate, true and correct.***

*Signature (& Stamp) of the National Federation Signature of the Candidate*

**Forms to be emailed to: Ki Wookyong, ASTC Development Coordinator at ki.wookyong@astc.triathlon.org>**

**Closing date for applications: Friday 6th October, 2017**