

**1. Coach Application Form**
**Dakhla Africa Triathlon – World Triathlon Development  
Continental Camp**
**Dakhla, Morocco – 04-10 Dec 2022**
**2. Generic Information**

National Federation	
NF Contact	
e-mail	

**3. Name / details of proposed coach**

First name (as worded on passport)		
Family name (as worded on passport)		
Previous World Triathlon Coach Education year		
Previous World Triathlon Coach Education venue		
Previous World Triathlon Coach Education level		
E-mail address (individual)		
Date of Birth (dd/mm/yyyy)		
Gender	Male	Female
Please indicate if you have any special nutritional requirements!		

## 5. Activity profile of proposed coach

<p>His/her work as a sport educator is best described as (tick checkbox):</p>	<p><input type="checkbox"/> physical education teacher working in a school environment</p> <p><input type="checkbox"/> community coach working with my local community</p> <p><input type="checkbox"/> club coach working in a sports club</p> <p><input type="checkbox"/> coach working with national level athletes</p> <p><input type="checkbox"/> coach working with international level athletes</p>
<p>He/she is actively working with the following age categories (tick checkbox):</p>	<p><input type="checkbox"/> Pre-youth (up to 15 years of age)</p> <p><input type="checkbox"/> Youth (15 to 17 years of age)</p> <p><input type="checkbox"/> Juniors (16 to 19 years of age)</p> <p><input type="checkbox"/> U23 (18 to 23 years of age)</p> <p><input type="checkbox"/> Elites</p> <p><input type="checkbox"/> Age Groupers</p>
<p>Genders he/she is coaching (tick checkbox):</p>	<p><input type="checkbox"/> Male athletes only</p> <p><input type="checkbox"/> Female athletes only</p> <p><input type="checkbox"/> Both genders</p>
<p>He/she is working with (tick checkbox):</p>	<p><input type="checkbox"/> Able body athletes</p> <p><input type="checkbox"/> Para triathletes</p> <p><input type="checkbox"/> Both groups</p>

6.

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

\_\_\_\_\_  
NF Representative Name, Function and  
Signature

Stamp

\_\_\_\_\_  
Signature of the Candidate

This application must be sent to: Rick Fulton (ZIM) [rick.fulton@africa.triathlon.org](mailto:rick.fulton@africa.triathlon.org) latest by 27  
October 2022