# Application Form2024 World Triathlon Coaches Level 1 Bridging Course for English-Speaking Caribbean Coaches

# World Triathlon, Online – 29 May – 17 Jul 2024

# Generic Information\*

|  |  |
| --- | --- |
| National Federation |  |
| First name(as worded on passport) |  |
| Family name(as worded on passport) |  |
| World Triathlon Registration Number (if applicable) |  |
| Nationality |  |
| E-mail address (individual) |  |
| Phone Number(with country code) |  |
| Date of Birth (dd/mm/yyyy) |  |
| Gender | Male | Female |
| 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 ContactPlease 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 AccessDo you have daily access to Internet? | Yes | No |
| Computer / Laptop AccessDo you have daily access to a computer/laptop? | Yes | No |

# Coaching Experience / Coach Profile\*

|  |  |
| --- | --- |
| Years in coaching |  |
| In triathlon |  |
| Other sports(Please specify) |  |
| Level of athletes coached |  |
| Age 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. |  |
| 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.

Expired (not revalidated) or lost (downgraded) certifications can be reinstated by attending a new certification course on a self-funded basis.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| NF Representative Name, Function and Signature | Stamp | Signature of the Candidate |

This application must be sent to: [name] (e-mail) latest by the application deadline published on <https://www.triathlon.org/development/calendar>.