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| --- | --- |
| **Full Name (as worded on passport)** |  |
| **Nationality** |  |
| **Passport Number** |  |
| **E-mail address(es)** |  |
| **Phone Number(s)****(home, cell, fax)** | **Home:** |
| **Cell:** |
| **Fax:** |
| **Male / Female (please indicate)** | **Male** |  | **Female** |  |
| **Mailing address** |  |
| **Medical Insurance Details (insurance plan and number)Please fax a copy of insurance certificate with this fax** |  |
| **Please indicate if you have any special nutritional requirements.** |  |
| **Coaching Experience: *Must be an ITU Level 1 or 2 Certified Coach.* Please list previous coaching experience and certifications obtained.** |  |
| **Coaching Certificates:****Please indicate your coaching certificates that you have at national or/ and international level.**  | **Certificate** | **Level** | **Year** |
|  |  |  |
|  |  |  |
| **Please list name and contact phone number and email of at least TWO contacts we can use in the case of an emergency.** |  |

**Forms emailed to: Ki, Woo Kyong -** **tri@triathlon.or.kr**

**Closing date for applications: 15th November, 2013**