

INTO OFFICIATING

12th October 2019

HASSENBROOK SCHOOL, HASSENBROOK ROAD STANDFORD-LE-HOPE

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Course** | “C” Award Course | |  | **Date of Course** | | 12th October 2019 | |
|  |  | |  |  | |  | |
| **Name of Delegate** |  | |  | **EN Affiliation Number** | |  | |
|  |  | |  |  | |  | |
| **Are you first claim SETNA?** | **YES/NO** | |  | **Are you first claim East Region?** | | **YES/NO** | |
|  |  | |  |  | |  | |
| **Address** |  | | | | | | |
|  |  | |  | |  | |  |
| **Mobile Phone Number** |  | |  | | **Home Phone Number** | |  |
|  |  | |  | |  | |  |
| **Email** |  | | | | | | |
|  |  | |  | |  | |  |
| **Do you have any protected characteristics that you would like to declare?** | | | | | | | **YES/NO** |
|  | |  |  | |  | |  |
| **QUALIFICATIONS** | |  |  | |  | |  |
|  | |  |  | |  | |  |
| **Do you hold any of the following qualifications?** | | | | | | | |
|  | |  |  | |  | |  |
| **Coaching** | | **YES/NO** |  | | **Level** | |  |
|  | |  |  | |  | |  |
| **Officiating** | | **YES/NO** |  | | **Level** | |  |
|  | |  |  | |  | |  |
| **Safeguarding** | | **YES/NO** |  | | **Level** | |  |

**TERMS AND CONDITIONS**

I can confirm that I have enclosed a cheque/ transferred the payment of £\_\_45\_\_\_\_\_\_\_\_\_\_\_ .

Course fees are payable in full before the start of the course. No bookings will be confirmed until full payment has been received. Should you be unable to attend, a substitute delegate is welcome at no extra charge, simply notify SETNA of any changes in writing. Cancellations must be communicated to SETNA by e-mail. We reserve the right to cancel a course, change the venue, and amend the dates and/or the fees and course tutors at any time and without prior notice.

**PRIVACY**

I have read the Privacy Notice, which is attached and on the SETNA website  ☐

I give my consent for the following :-

* Images in video and/or photographic form appearing on the SETNA Website/social media pages ☐
* Identification documents to be held if necessary by SETNA ☐
* Health and medical information to be held by SETNA for the purpose of Health and Safety ☐

By returning this completed form, I agree to taking part in the activities of SETNA and the sharing of the above information with Team Secretaries, Alternative Contacts, the SETNA Committee and England Netball.

We may use your personal information to contact you with newsletters, marketing or promotional materials and any other information that may be of interest to you. You may opt out of receiving any, or all of these communications from by contacting the SETNA Data Protection Officer ([**SETNADPO@hotmail.com**](mailto:SETNADPO@hotmail.com))

I understand that when a member provides SETNA with personal information about other individuals, SETNA relies on that member to make the individual aware that the information has been provided to SETNA and for what purpose, and to whom it may be disclosed and also how they can access their information.

I also confirm that I will not forward any documentation, which contains personal information of other clubs. Should I be required to, I will seek prior written approval from the SETNA Data Protection Officer ([**SETNADPO@hotmail.com**](mailto:SETNADPO@hotmail.com)) before sending.

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Name |  |
|  |  |
| Date |  |

**PARENTAL PERMISSION FOR U18s**

|  |  |
| --- | --- |
| Signed |  |
|  |  |
| Name |  |
|  |  |
| Date |  |

**Please return form to Anita Pearce 7 Lincefield, Langdon Hils, Essex SS166HS**

**Cheques made payable to SETNA.**