



Train-the-Trainer Registration

Online form available at: <http://forms.nmmu.ac.za/websurvey/q.asp?sid=1515&k=eihrggakdk>
This document should be sent to Dix (dixie@nmmu.ac.za or FAX 041 504 9082)
by DSCC, to be received by 30 September 2015

Select Course (*tick or circle choice*):

- | | | | |
|--------------------------|--------------------|------------------|-----------------------|
| <input type="checkbox"/> | Southern Districts | George | 28 – 30 October 2015 |
| <input type="checkbox"/> | Middle Districts | Bloemfontein | 27 – 29 November 2015 |
| <input type="checkbox"/> | Natal Districts | Pietermaritzburg | 15 – 17 January 2015 |
| <input type="checkbox"/> | Northern Districts | Jo-burg Area | 22 – 24 January 2015 |

Attended T-t-T Course before: YES / NO (*circle choice*)

Interests in coaching (*tick or circle choices*):

- | | | | |
|--------------------------|---------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Administration | <input type="checkbox"/> | Assisting existing players to reach their potential |
| <input type="checkbox"/> | What different Bowls types & sizes do | <input type="checkbox"/> | Training |
| <input type="checkbox"/> | Coaching player with Disabilities | <input type="checkbox"/> | Youth Coaching |
| <input type="checkbox"/> | Lifestyle Skills | | |
| <input type="checkbox"/> | Sport Psychology | | |

Surname: _____

Name: _____

Bowls SA No: _____

Coach Level: 1 / 2 / 3 / 4 (*circle choice*)

Coach Badge No: _____

Birth Date: _____

Land-line No: _____

Cell No: _____

Email: _____

Residential Address: _____

Postal Address: _____

Postal Code: _____

Postal Code: _____

Medical / Disability issues that trainers should be aware of: _____

Dietary requirements (*tick or circle choice*):

- | | | | |
|--------------------------|--------------|--------------------------|--------|
| <input type="checkbox"/> | Regular | <input type="checkbox"/> | Halaal |
| <input type="checkbox"/> | Vegetarian | <input type="checkbox"/> | Kosher |
| <input type="checkbox"/> | Other: _____ | | |

Meals Choice – lunches & teas will be provided during the course, please tick which additional meals at the club you would like to enjoy:

- | | | |
|--------------------------|-------|--------------------------------|
| <input type="checkbox"/> | Day 1 | Lunch before the start (12:00) |
| <input type="checkbox"/> | | Supper (±18:30) |
| <input type="checkbox"/> | Day 2 | Breakfast (07:45) |
| <input type="checkbox"/> | | Supper (±18:00) |
| <input type="checkbox"/> | Day 3 | Breakfast (07:45) |
| <input type="checkbox"/> | | Closing Lunch (±13:00) |



Train-the-Trainer Registration

Online form available at: <http://forms.nmmu.ac.za/websurvey/q.asp?sid=1516&k=sqdtvevqwo>
This document should be sent to Dix (dixie@nmmu.ac.za or FAX 041 504 9082)
by DSCC, to be received by 30 September 2015

Accommodation Choice:

- Prefer to organise own
- Prefer home-hosting if available:
 - Smoker
 - Non-Smoker
- Would like Bowls SA to book accommodation (note only the convenor for each District will be paid for by Bowls SA, if necessary)
 - Share
 - Not share

Level of Computer Literacy Expertise (*tick or circle choice*):

(*Note: Computer Literacy is not a pre-requisite for this qualification*)

- Word Processing Software (e.g. MS Word)
- Spreadsheet Software (e.g. MS Excel)
- Presentation Software (e.g. MS PowerPoint)
- Other: _____
- Email
- Internet (e.g. searches)
- Social Media (e.g. Facebook, Twitter, Whatsapp)

Declaration:

1. I undertake to attend all contact-sessions. The material that I will receive, when accepted, will be studied before the sessions as indicated by the Course Facilitator. I understand that I will be expected to discuss the content of this material during the course.
2. I commit to fully participating as a member of the facilitation team at the next two Level 1 courses held in my district.
3. I understand that if I find that I am unable to fulfill my obligations, I will reimburse my Club / District and Bowls SA with monies that have been paid on my behalf and return material received to NSCC.
4. My District will cover all costs not covered by Bowls SA.

Trainee's Signature _____

Date ____/____/____



Train-the-Trainer Registration

Online form available at: <http://forms.nmmu.ac.za/websurvey/q.asp?sid=1516&k=sqdtvevgwo>
This document should be sent to Dix (dixie@nmmu.ac.za) or FAX 041 504 9082
by DSCC, to be received by 30 September 2015

This serves to confirm that the District supports the nomination for _____ (trainer initials and surname) to attend a Coaches' Train-the-Trainer course and undertakes to cover all the trainers course-related costs not covered by Bowls SA.

DSCC Convener on behalf of DSCC:

Name: _____

Email Address: _____

Signature _____ Date ____/____/____

On behalf of District Executive:

Position: _____

Name: _____

Email Address: _____

Signature _____ Date ____/____/____