



Level 2 Coach Education

3 Page Application Form 2016

I.A.B.A. COACH DATA BASE

Please provide information below / type ● in columns as appropriate

Course Duration 4 Days

PERSONAL DETAILS

1. First Name

2. Surname

3. Address

4. Phone Number

5. Email Address

6. Gender

Male

Female

7. Date of Birth

8. Nationality

9. Profession
(Optional)



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COACHING DETAILS

10. Results

Highest results of your athletes:
(Please insert name, weight category, results and name of championships of maximum 5 athletes).

11. Coaching Qualification Level 1 Coach Education

Please provide **Date and Venue** of Course attended

12. Have you competed as a Boxer?

No

Yes, Amateur

Yes, Professional

If **Yes**, Please list your highest achievements

OTHER COACHING QUALIFICATIONS

If Yes, Please specify



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Please enclose two passport sized photos

PHOTOS X 2



Garda Vetting Reference number :

Child Awareness Reference number :

Access N.I number :

Level 1 Coach number (if available):

Signed by Applicant

All sections must be completed. (Number 9 is optional)

Club **Co. Board**

Head of Coach Education..... **Date**.....

COMPLETED FORMS AND FEE TO BE SENT DIRECTLY TO:

I.A.B.A Coach Education Administration, National Stadium,
145, South Circular Road, Dublin 8

Any queries please contact Seamus Dowling Phone: 087-2720157