**COACH Application Form**

**ETU Athlete Development Camp**

**4-9 September 2014 Ravne na Koroskem, Slovenia**

|  |  |
| --- | --- |
| National Federation |  |
| Postal Address |  |
| Phone |  |
| E-mail |  |
| Coach I n f o r m a t i o n |
| Name of coach *(last name, first name)* |  |
| Gender | Male  |  | Female |  |
| Birth Date | Day |  | Month |  | Year |  |
| Passport number |  |
| Postal Address |  |
| Phone |  |
| E-mail |  |
| Years in coaching | Triathlon: Other sports (specify):  |
| Name, level and ages of athletes currently coaching. |  |
| Coaching Education Certificates and also list all coaching-relevant education, courses, etc. |   |
| Coach Profile\*Please, provide a brief description of the coach’s character and abilities.  |   |

**Please email application to:** **zeljko.bijuk@etu.triathlon.org**

**DUE DATE FOR APPLICATION: - 4th September 2014.**

*No late applications will be accepted*