|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| The club is required to submit a list of its office bearers; including team manager(s) | | | | | |
| Please also indicate which member(s) hold a sports injury certificate & Coaching qualifications | | | | | |
| Any amendments to this list during the season must be notified to the National Secretary | | | | | |
|  | | | | | |
| **Note: The form should be completed in block capitals** | | | | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| **Coaching Qualifications held:** | | | **Coaching Qualifications held:** | | |
|  | | |  | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| **Coaching Qualifications held:** | | | **Coaching Qualifications held:** | | |
|  | | |  | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| **Coaching Qualifications held:** | | | **Coaching Qualifications held:** | | |
|  | | |  | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |
| Name: | | | Name: | | |
| Address: | | | Address: | | |
|  | | |  | | |
| Post Code: | | | Post Code: | | |
| E-Mail: | | | E-Mail: | | |
| Date of Birth: | | | Date of Birth: | | |
| Phone Number: | | | Phone Number: | | |
| Mobile: | | | Mobile: | | |
| Position: | | | Position: | | |
| **Coaching Qualifications held:** | | | **Coaching Qualifications held:** | | |
|  | | |  | | |
| Sports Injury Certificate held: |  |  | Sports Injury Certificate held: |  |  |
| Signature: | | | Signature: | | |

The Scottish Amateur Football Association respects your privacy and will process any personal data collected from you for the purpose of the registration of club officials and maintaining records. We will not disclose your personal data to any third party without your consent unless legally required. For further information, our full Privacy Policy can be found on our website http://www.scottishamateurfa.co.uk/static\_page/id/privacy. Our legal grounds for processing your personal information are legitimate interest and we will only retain your personal information for as long as necessary to fulfil the purposes we collected it for.