



APPLICATION FOR FACILITATOR TRAINING



Please check one:

Master Learning Facilitator

Learning Facilitator

Name:		Gender:	M <input type="checkbox"/>	F <input type="checkbox"/>
Address:		City:		
Prov./Terr.:		Postal Code		
H - Telephone:		W - Telephone:		
Email:		Fax:		
CC#				
NCCP Level:	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4/5 <input type="checkbox"/>
Current Course Conductor Level	Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4/5 <input type="checkbox"/>
Age Category and Classification currently coaching (i.e. Midget A Girls, Bantam B Boys):				

Educational Background: _____

Work background if related to Adult Education/ Teaching/ Instructional Techniques:

Experience as a Course Conductor: _____

Coaching Background including other sports: _____

Playing Background including other sports: _____

Other experience: _____

Note: Attach your coaching resume and add pages as needed