



## INCLUSION COMMUNITY SPORTS COACH BOOKING FORM

Please complete the table below and return it to:  
CSC Booking Form Active Gloucestershire,  
University of Gloucestershire, Oxstalls Campus, Oxstalls Lane, Gloucester. GL2 9HW  
or email it to [aandersen@glos.ac.uk](mailto:aandersen@glos.ac.uk)

### BOOKING DETAILS

Organisation Name	
Contact Name for booking	
Contact Tel no for booking	Preferred time to be contacted? .....
Email Address for booking	
Activity to be delivered i.e. Multi skills, Governing Body Sport eg: Football	Athletics <input type="checkbox"/> Badminton <input type="checkbox"/> Boxercise <input type="checkbox"/> Cricket <input type="checkbox"/> Football <input type="checkbox"/> Hockey <input type="checkbox"/> Multi Skills <input type="checkbox"/> Netball <input type="checkbox"/> Outdoor Ed <input type="checkbox"/> Paddlesport <input type="checkbox"/> Rugby <input type="checkbox"/> Tennis <input type="checkbox"/> Other: .....
Programme Details	Curriculum <input type="checkbox"/> Non Curriculum <input type="checkbox"/> Club Setting <input type="checkbox"/> Talent Squad <input type="checkbox"/> Community Setting <input type="checkbox"/> 16+ delivery <input type="checkbox"/> Activity Title: ..... Age Group: ..... Aim of Session: ..... .....
Length and Time of Delivery i.e. Length - 6 week block, Times – exact time of delivery	Length: ..... Times: .....
What facilities will be available?	
Is there equipment available for the coaches to use?	Yes <input type="checkbox"/> Details: ..... ..... No <input type="checkbox"/> (coaches need to bring own equipment).
When?	Date(s) (Please list all dates): ..... .....
Who will meet the coach at the session?	Name: ..... Contact No.....
Will the coach be coaching on their own?	Coaching alone? Yes / No (if No participant's information must be supplied) Above contact staying? Yes / No If no please name the teacher staying: .....



**INVOICING DETAILS**

Invoice Organisation		
Invoice Contact Name		
Invoice Address (if different to address overleaf)		
Details required on the invoice (including Purchase Order Number, if necessary). All charges will be taken from our Pricing Policy	Expected Price of Booking	
	<b>Total Amount</b>	

**TERMS AND CONDITIONS**

**Confirmation / Cancel of Bookings**

Activities will only take place when booking forms are completed and confirmation has been received from Active Gloucestershire. Any changes/cancellations to a booking must be given in writing 72 hours prior to session date, if no notice is given then all organisations will be charged full rate.

**Meeting and Greeting**

The coaches should be met on site and should not be left on their own with the participants unless covering PPA time and / or have full details of all participants' medical conditions, parental contact details etc.

**Emergency Procedures**

All coaches work in line with Active Gloucestershire's Child Protection Policy and procedures. However it is your responsibility that Coaches employed through the Active Gloucestershire Community Sports Coach Scheme are briefed prior to the session / event and notified of any specific Emergency and Child Protection procedures.

**Active Gloucestershire Evaluation**

Following the delivery of the session / programme Active Gloucestershire will send you an Evaluation Form to complete. Please complete and return within 7 days of receipt.

**SIGNED** on behalf of ..... (booking organisation)

**NAME:** .....

**POSITION:** .....

**SIGNED:** .....

**DATE:** .....

**Office use Only**

Coach Manger: .....

Confirmation Sent?.....

CSC Delivering: .....

Added to Outlook Office: .....