

'INTERMEDIATE' COACHING - GENERAL PRINCIPLES COURSE



Modules include:-

- *The Essence of Coaching*
- *Program Management*
- *Planning*
- *Sports Safety*
- *Coaching Processes*
- *Inclusive Coaching Skill Acquisition*
- *Introduction to Physiology*
- *Basic Anatomy & Biomechanics*
- *Development & Maturation*
- *Nutrition for Sport*
- *Sports Psychology*
- *Anti-doping in Sport*

PROVIDED - venue, presenter, manuals, morning/afternoon tea/light supper
NOTE: Please BRING YOUR OWN to bring your own lunch when applicable

VENUE: Department of Sport & Recreation
 246 Vincent Street, Leederville

COST: \$250 –(GST Inclusive) OR \$25 per module
 (Includes course manuals, worksheets and assessments)

COURSE DATES – 4 Sessions	
Wednesday 26 th March	6pm – 9pm
Sunday 30 th March	9am – 5pm
Wednesday 2 nd April	6pm – 9pm
Sunday 6 th April	9am – 5pm
NOTE: All sessions must be attended to gain accreditation	

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Send form with payment to: Sport, Education & Disabilities, Central TAFE, Locked Bag 6, Northbridge or Fax: 9202 4735.
 All enquiries to Jason Washington-King (08) 9202 4919 – Registrations DUE by Tuesday 18th March, 2008.

DATE OF COURSE: March/April, 2008 **VENUE:** Department of Sport & Recreation

First Name: _____ Surname: _____
 Address: _____
 Suburb: _____ Post Code: _____
 Phone No: [H] _____ [B] _____ [Mob] _____
 Email: _____ Male / Female [please circle]
 Sports involved in: _____ Officiating level: _____

NOTE:

Information on this form is entered onto the National Coaches Accreditation Scheme (NCAS) database of registered coaches maintained by the Australian Sports Commission (ASC) in conjunction with the National Sport Organisation. Coaches may be sent relevant up-to-date information and may be contacted by the ASC. Your information will not be used or disclosed except in accordance with the provisions of the Privacy Act 1988.

SIGNED (course participant or parent/guardian u/18) _____

Payment Options: Course Fee \$250 (GST Inclusive) OR \$25 per module

Enclosed is my cheque/money order for \$ _____ (Cheques payable to TAFE)

Please charge my credit card for \$ _____ Visa Mastercard Bankcard

Expiry Date:

Cardholders Name _____ **Signature** _____

Please tick if you require a Tax Invoice (receipt)