

SCOTTISH HANDBALL ASSOCIATION CLUB AFFILIATION FORM SEASON 2023/24

Please indicate whether your Chairperson, Club Secretary or Treasurer is to be your main contact by ticking the appropriate box, this will then be the person/persons to whom the Scottish Handball Association (SHA) will send all correspondence to, i.e. all emails, fixtures etc.

All forms must be returned via email to: <u>office@scottishhandball.com</u> by 8th of September. By signing this form you request admittance to the SHA for season 2023/24 and agree to abide by the Rules and Regulations of the Association and all Governing Bodies.

SHA takes privacy seriously and only uses personal information of your club's officials to administer membership of your club, providing it with access to services and benefits. Please read the SHA privacy notices, which set out how we use this data, who we share it with, how we keep it secure and your rights as a data subject.

PLEASE COMPLETE THE FORM AND SIGN

Please enter updated Club Information for Club Finder on SHA Website Please include: Club Information, Age Group(s), Training Location & Times & Link to Club Website or Social Media Channel(s)		
CLUB NAME:		
TEAM COLOURS	1 st Strip: 2 nd Strip:	

Please fill with information on all teams entered into Scottish Handball competitions and	С
the email contact associated with each team	

TEAM:	EMAIL CONTACT	
TEAM:	EMAIL CONTACT	

CLUB CHAIRPERSON			
FULL NAME:		DOB: DAY; MONTH; YEAR;	
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:	
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:	

CLUB SECRETARY		Please tick this box should this person be your club's main contact:
FULL NAME:		DOB: DAY; MONTH; YEAR;
EMAIL:		
RELEVANT QUALIFICATIONS (please tick boxes where relevant):		
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:

CLUB TREASURER		Please tick this box should this person be your club's main contact:
FULL NAME:		DOB: DAY; MONTH; YEAR;
EMAIL:		
RELEVANT QUALIFICATIONS (please tick boxes where relevant):		
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:

FIRST AIDER			
FULL NAME:		DOB: DAY;	MONTH; YEAR;
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach:	Level 1 Coach:
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Childre	en Course:

CHILD PROTECTION OFFICER		
FULL NAME:	DOB: DAY; MONTH; YEAR;	
EMAIL:		
RELEVANT QUALIFICATIONS (please tick boxes where relevant):		
Referee: First Aid qualification: Fundamenta	Is Coach: Level 1 Coach:	
Level 2 Coach: PVG certificate: Safeguarding	g and Protecting Children Course:	
Year Qualifications Completed		

HEAD COACH			
FULL NAME:		DOB: DAY; MONTH;	
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:	
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:	

ADDITIONAL OFFICIAL (COACH etc.)			
FULL NAME:		DOB: DAY; MONTH; YEAR;	
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:	
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:	

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FULL NAME:		DOB: DAY; MONTH; YEAR;	
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:	
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:	

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FULL NAME:		DOB: DAY; MONTH; YEAR;	
EMAIL:			
RELEVANT QUALIFICATIONS (please tick boxes where relevant):			
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:	
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:	

ADDITIONAL OFFICIAL (COACH etc.)		
FULL NAME:		DOB: DAY; MONTH;
EMAIL:		
RELEVANT QUALIFICATIONS (please tick boxes where relevant):		
Referee:	First Aid qualification:	Fundamentals Coach: Level 1 Coach:
Level 2 Coach:	PVG certificate:	Safeguarding and Protecting Children Course:

SIGNATURE
FULL NAME AND POSITION OF PERSON SUBMITTING THIS APPLICATION:
DATE: DAY; MONTH; YEAR;
SIGNATURE:

Scottish Handball Association

Caledonia House 1 Redheughs Rigg Edinburgh EH12 9DQ Tel: +44 (0) 7835792560