



Accredited Prior Learning (APL) / Accredited Prior Experiential Learning(APEL) Application Form

Name:.....

Address:.....

.....

Post Code:..... Tel:.....

Email

Please indicate which Coaching Award / Qualification or Endorsement you are seeking to gain accredited prior learning towards or against.

Are you a BCU member Yes / No If so what is your BCU No.....

Is membership with: (please circle) BCU WCA SCA CANI

Do you hold a current BCU Coaching Qualification Yes / No

Do you hold a coaching certificate from another organisation or body Yes / No

If yes to the above please give details

Do you have equivalent and verifiable experience in areas similar to those required in the level of award you are seeking APL against ? If so please provide an outline below along with copies of any certification held providing referenced photocopied evidence as available...

Please list any additional experience you have and would wish to be considered as part of this application. Where possible please also provide any supporting evidence held, providing referenced photocopied evidence as available...

Are you currently paddling Yes / No . If yes at what level ?

Are you currently coaching Yes / No.

If 'no' when were you last active as a coach _____

If 'yes' at what level and in what disciplines are you currently coaching

Please provide the names and contact details of two referees who would be willing to verify your experience as detailed above. At least one of the referees should be a current BCU Coach Educator (or equivalent) and able to testify to your experience as a paddlesport coach.

NAME	NAME
Address	Address
Postcode	Postcode
Email	Email
BCU No (if applicable)	BCU No (if applicable)

DECLARATION

- 1 I am aware of and have read the BCU's 'Statement of Presumed Physical Competence'. I do not currently have any condition which might impair my ability to function effectively as a coach/instructor of canoeing. I agree that I will inform the Director of Coaching of the BCU should I at some future time suffer any significant injury or develop any debilitating illness or condition which might impair my ability in that regard.
- 2 I do not have a criminal record with regard to offences against young people, and agree to the BCU/CANI/SCAWCA actioning a CRB / Police check in that respect. I also agree to notify the above if I gain a criminal record, at any time in the future.
- 3 I understand that the First aid pre-requisite relevant to the level being taken should be in place at the time of assessment and that it should be kept current while ever I am training/practicing as a coach.
4. I confirm that the information provided above is a true and accurate representation of my experience.

By signing this application, you are deemed to understand and accept all of the foregoing. I confirm that this application has been completed honestly and accurately:

Signature of applicant

Date

Name

Please return this registration form to **The BCU Awarding Body APL / APEL Officer, 18 Market Place, Bingham, Nottingham, NG13 8AP.**