COACH EDUCATION PROGRAM (CEP)

Coach's Updating Submission Form

EIGHTLIFTIA
* = 1°
FF
JA * HO

Full Name		Level of Accred	reditation Updating					
Street Address		City/Suburb			Ро	stcode		
Email Address		Telephone						
	Accreditation Fee applicable: Please circle		А	WF Capitated Member \$55	Non-AWF \$1:	- Member 10		

Coaching Venue	Telephone Number	Start Date	End Date	No of Weeks	Hours Per Week	Total Hours	Your Signature	Name of Person Verifying	Verification Signature
Total Hours									

Notes: Verification signature should be that of the manager, owner or other authorised person from the coaching venue. CL = 200hrs in previous 2yrs SL= 300hrs in previous 4 yrs