



# New South Wales Professional Skaters' Association Incorporated

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## REGISTRATION FORM FOR ACCREDITATION

Name: .....

Address:.....

Phone: Home ..... Mobile .....

Email:.....

Date of Birth:.....

Coach accreditation already attained if any? .....

Coaching Experience?.....

Please register me for the next available LEVEL \_\_\_\_\_ Course.

I have read the Requirements of Accreditation (NSW PSA Inc. Constitution – Attachment F) and understand what is required for this level.

Signed.....

Date.....

Any enquiries to:

Accreditation Officer – Sue Cobden [suecobden@ozemail.com.au](mailto:suecobden@ozemail.com.au)  
272 Edgecliff Road, WOOLLAHRA NSW 2025

Please Note:

To begin the accreditation program (for those registering for level 1) you will need to provide a copy of your 'Working With Children Police Check for Self Employed People'

Details and Application form (P1017) can be found at [www.kids.nsw.gov.au](http://www.kids.nsw.gov.au)

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