



COACHING PERMIT APPLICATION FORM

NAME: _____

POSTAL ADDRESS: (This is where we will send the Permit)

_____ P/CODE _____

MOBILE: _____ EMAIL: _____

NAME/s OF COACH/s: _____

NAME/s OF ASSISTANT/s: _____

VENUE FOR COACHING: _____

DATE/s FOR COACHING: _____

DISCIPLINE: _____

HAVE YOU APPLIED FOR A **“SUITABILITY CARD”**? YES / NO.

IF YES,

My card registration number is _____ / I have not been notified at this stage.

IF NO,

Motorcycling Queensland cannot process a Coaching Permit until such time as you complete the ‘Application for Suitability for a Volunteer’. We will send an application to you.

I agree to return to Motorcycling Queensland within 14 days after the Coaching clinic the following information: Coaching Indemnity Form, Coaching Permit – Income & Expenditure Details, Copies (blue section) of any one-day Licences purchased, an Injury Report Form arising from any injuries incurred on the day.

SIGNED _____

Please Fax (07) 3812-2742 this form to Motorcycling Queensland at least 7 days prior to your coaching clinic.

Office Use Only
Permit No.

--