

# **NEW ZEALAND ARTISTIC ROLLER SPORTS COMMITTEE**

## **ARTISTIC COACHING ACCREDITATION**

### **ON LINE SPORTS SPECIFIC LEVEL ONE COACH ACCREDITATION APPLICATION**

**With thanks to Skate Australia for permission to use their materials**

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**SECTION 1: Sports Specific Level 1 Coach Accreditation Application Process:**

Applicant to approach Secretary of the NZFRS Registered Club for a Sports Specific Level 1 Coach Accreditation Application form.

When completed, all required documents attached and the registration fee paid through the NZFRS Registered Club to the Treasurer of the NZ Artistic Roller Sports Committee, Bank a/c 01 0625 0115668 00, Details of payment (Name and account) are to be advised to the Treasurer of the NZ Artistic Roller Sports Committee by e-mail :  
[artistic.treasurer@skatenz.org.nz](mailto:artistic.treasurer@skatenz.org.nz).

The Application form is to be e-mailed to the [artistic.nzac@skatenz.org.nz](mailto:artistic.nzac@skatenz.org.nz)

Upon receipt of the Application form the NZAC (NZ Academy of Coaches) will forward the appropriate link to the OnLine Sports Specific Level 1 Coach Accreditation to the applicant.

When the test is completed by the applicant it will be marked and the result will be advised by NZAC (NZ Academy of Coaches) of the outcome to the applicant and a copy will be forwarded to the Secretary of the Club concerned.

## SECTION 2: Sports Specific Level 1 Coach Accreditation Application

Name:- \_\_\_\_\_ - Surname: \_\_\_\_\_ Date of Birth : \_\_\_\_\_

Address:- \_\_\_\_\_

Suburb/City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_ NZFRS No: \_\_\_\_\_

Club: \_\_\_\_\_ Secretary signature \_\_\_\_\_

**Signed Sport NZ Code of Ethics (attached)**

Accreditation Registration Fee \$20. Date paid by cheque or internet banking to  
NZ Artistic Roller Sports Committee \_\_\_\_/\_\_\_\_/\_\_\_\_ **Bank a/c**  
**01 0625 0115668 00 Details of payment (Name of Coach and amount) are to be advised**  
**to the Treasurer of the NZ Artistic Roller Sports Committee by e-mail**  
**artistic.treasurer@skatenz.org.nz**

Examiner \_\_\_\_\_

Examiner \_\_\_\_\_

Accreditation Expiry \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved by Principal Manager NZ Academy of Coaches**

\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Competency Achieved

Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NZ Artistic Roller Sports Committee**

**Ratification received**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Entered on database**

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

