

NEW ZEALAND ARTISTIC ROLLER SPORTS COMMITTEE

“ON LINE” COACH ACCREDITATION CERTIFICATE APPLICATION

Applicant to approach Secretary of the NZFRS Registered Club for a Coach Accreditation Certificate Application form :

When completed, the accreditation fee must be paid by 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@gmail.com
The Application form is to be e-mailed to the nzacademyofcoaches@gmail.com

Upon receipt of the Application form and payment of **\$25.00** the NZAC (NZ Academy of Coaches) will forward the appropriate link for the OnLine Coach Accreditation Certificate to the applicant with a copy to the Club Secretary.

When the test is completed by the applicant it will be marked and ratified by the NZ Artistic Roller Sports Committee. The result will be advised by NZAC (NZ Academy of Coaches) to the applicant with a copy forwarded to the Club Secretary The Certificate will be posted to the Club involved for presentation.

Please ensure that the applicant has completed the “Codes of Ethics & Conduct Agreements” document. The link for this document is :
<https://forms.gle/PJ4Fe5sCHorHAu2H9>
(Copy and paste in search)

Should Secretaries have any questions please do not hesitate to contact the NZ Academy of Coaches for help. nzacademyofcoaches@gmail.com



**New Zealand
Academy
of Coaches**

New Zealand Artistic
Roller Sports Committee Inc.



**NEW ZEALAND
ARTISTIC ROLLER SPORTS
COMMITTEE**

Coach Accreditation Certificate Application

Name:- _____ - Surname: _____ Date of Birth : _____

Email: _____ NZFRS No: _____

Club: _____ Secretary signature _____

Accreditation Fee **\$25.00** Date paid by 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 ____/____/____