



EA NCAS Trainee Insurance Renewal 1 October 2013 – 30 September 2014

ABN: 19 077 455 755

Please retain a copy of this form for Taxation purposes

Send to:

EA National Office
PO Box 673, Sydney Markets NSW 2129
Fax: 02 9763 2466

To ensure there is no gap in your insurance cover renewal forms should be received **by COB 30 September 2013.**

Contact Details

Name*: _____ Date of Birth *: _____

Address*: _____

Town: _____ State: _____ PC: _____

EA Membership number*: _____

Phone (AH): _____ (BH): _____ (Mob): _____

Email*: _____

* Required fields

Confirm Details

I wish to renew Trainee insurance

\$275.00

(incl GST)

Required attachments:

Current First Aid Certificate

Current Membership

Payment details

Cheque

Money Order

Visa

Mastercard

Credit Card Number: _____

Exp: ____ / ____ 3 digits of back of card: ____

Card Holder's Name: _____ Signature: _____

Direct Deposit details available by contacting EA National Office

Your Declaration

EA Prohibited Person Declaration – EA NCAS Coach

EA and its affiliated organisations have a duty of care to their members and to the general public who interact with EA Coaches, as these responsibilities may involve direct and/or unsupervised contact with people under the age of 18 years. As part of this duty of care and as a requirement of the EA Member Protection Policy, EA must enquire into the background of EA Members applying for registration as an EA Coach.

All EA Members wishing to be registered by EA as an EA NCAS Coach are required to complete the following declaration:

I Sincerely declare:

1. I have met all the requirements in relation to state specific legislation regarding police checks, working with children checks and can produce evidence as required.
2. I do not have any criminal charge pending before the courts, nor any criminal convictions or findings of guilt for offences involving sexual activity, acts of indecency, child abuse or child pornography.
3. I have not had any disciplinary proceedings brought against me by an employer, sporting organisation or similar body involving child abuse, sexual misconduct or harassment, acts of violence, intimidation or other forms of harassment.
4. I have never been sanctioned for an anti-doping rule violation under any EA anti-doping policy (Athlete or Equine).
5. I have never participated in, facilitated or encouraged any practice prohibited by the World Anti-Doping Agency Code or any other anti-doping policy applicable to me, in the EA Horse Anti-Doping Policy.
6. To my knowledge there is no other matter that the EA may consider to constitute a risk to its members, employees, volunteers, athletes or reputation by accepting my EA NCAS Coach registration.
7. I will notify the CEO of the organisation(s) engaging me immediately upon becoming aware that any of the matters set out in clauses [1 to 5] above has changed for whatever reason.
8. I acknowledge that I have read and agree to abide by the **EA Code of Conduct for Coaches**. I acknowledge I may be subject to disciplinary action if I breach the code.



Signature: _____ Date: _____

Office Use:

Payment Rec'd ___/___/___ Processed DB ___/___/___ G-G notified ___/___/___ Card/Cert Sent ___/___/___

Upon payment this form will become a TAX INVOICE for GST purposes.

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