



SCOTTISH  
STUDENT SPORT

# STUDENT CLUB SHA AFFILIATION FORM



SEASON 2023 - 24

Please indicate whether the President, Vice President, Secretary or Treasurer is to be your club's main contact by selecting the appropriate radio-button, this will then be the person to whom the Scottish Handball Association (SHA) will send all correspondence to.

All forms must be returned via email to: [office@scottishhandball.com](mailto:office@scottishhandball.com) no later than the **18th of September**. By signing this form you agree for your club to be affiliated to the Scottish Handball Association.

SHA takes privacy seriously and only uses personal information of your club's officials to administer membership of your club, providing it with access to services and benefits. Please read the SHA privacy notices, which set out how we use this data, who we share it with (e.g. SSS), how we keep it secure and your rights as a data subject.

Please enter updated Club Information for Club Finder on SHA Website  
Please include: Club Information, Age Group(s), Training Location & Times & Link to Club Website or Social Media Channel(s)

CLUB NAME:

LEAGUE(S):  CLUB/VENUE POST CODE:

TEAM COLOURS 1<sup>st</sup> Strip:  2<sup>nd</sup> Strip:

## CLUB PRESIDENT

Please select this radio-button should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

CONTACT NO:  EMAIL:

### RELEVANT QUALIFICATIONS (please tick boxes where relevant):

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course:

## CLUB VICE-PRESIDENT

Please select this radio-button should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

CONTACT NO:  EMAIL:

### RELEVANT QUALIFICATIONS (please tick boxes where relevant):

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course:

## CLUB SECRETARY

Please select this radio-button should this person be your club's main contact:

FULL NAME:  DOB: DAY;  MONTH;  YEAR;

CONTACT NO:  EMAIL:

### RELEVANT QUALIFICATIONS (please tick boxes where relevant):

Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach:

UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course:

**CLUB TREASURER**Please select this radio-button should this person be your club's main contact: FULL NAME:  DOB: DAY;  MONTH;  YEAR; CONTACT NO:  EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course: **FEMALE HEAD COACH**Please check the box if this person is to be listed as main contact for the fixtures: FULL NAME:  DOB: DAY;  MONTH;  YEAR; CONTACT NO:  EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course: **MALE HEAD COACH**Please check the box if this person is to be listed as main contact for the fixtures: FULL NAME:  DOB: DAY;  MONTH;  YEAR; CONTACT NO:  EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course: **ADDITIONAL OFFICIAL (COACH etc.)**FULL NAME:  DOB: DAY;  MONTH;  YEAR; CONTACT NO:  EMAIL: **RELEVANT QUALIFICATIONS (please tick boxes where relevant):**Referee:  First Aid qualification:  Fundamentals Coach:  Level 1 Coach: UKCC Level 2:  PVG certificate:  Safeguarding and Protecting Children Course: **SIGNATURE**

FULL NAME AND POSITION OF PERSON SUBMITTING THIS APPLICATION:

DATE: DAY;  MONTH;  YEAR; 

SIGNATURE: