



Learning Facilitator Application

Candidate Endorsement Form

To: BC Soccer Coaching Development Department

Date:

ENDORSER Full Name:

Organization Name:

Position or Role:

Email Address:

This is an endorsement for the following candidate to be considered for BC Soccer Learning Facilitator training with the purpose of this individual to help our club deliver coach training at the Community Stream levels. On behalf of my organization, I acknowledge the following (check boxes):

This candidate has submitted a cleared Criminal Record Check with our organization.

Is a permanent resident of British Columbia.

Holds a minimum C Licence Certified level (or higher).

Once trained, the candidate is aware of the responsibility to coordinate and deliver BC Soccer Community Stream coaching courses for our organization.

BC Soccer can only approve requested courses if the candidate's availability is confirmed to deliver the respective course(s).

CANDIDATE Full Name

Email Address:

I confirm the above endorsement to be true confirmed by this organization.

I am aware and acknowledge my responsibility to coordinate and deliver BC Soccer Community Stream coaching courses once I am trained.

If you have any questions about this application, please contact: connorsmith@bcsoccer.net