**LSESU Student Coach/ Official Agreement**

**Personal details**

|  |  |
| --- | --- |
| **Full Name of Student applying for the course**  |   |
| **Email of student applying for the course**  |   |
| **Area of work**(coach, instructor, department sport sessions, inclusive sport sessions, refereeing, umpiring)  |   |
| **Name of Club/ Society** (if applicable)  |   |

**Schedule**

This Agreement is made on [INSERT DATE] between [INSERT STUDENT NAME] and [INSERT STUDENT GROUP NAME] and London School of Economics Students’ Union (LSESU) between the dates [INSERT DATE] and [INSERT DATE] *(end date should span the full time the students will support the club and must be before student has graduated).*

**Course Details**

I understand that this agreement covers the cost of the [Insert Course Name] at an agreed value of £[INSERT Amount], funded by the Students' Union.

After completing the course, I will send evidence of the qualification to the Sport and Rec team to document.

**Delivery Commitment**

I will contribute a minimum of [INSERT X hours] to supporting sports delivery at LSESU.

I will log my hours of delivery.

This will include: (please highlight all that apply)
- Leading or assisting training sessions

- Leading or assisting matchdays
- Refereeing/umpiring fixtures
- Assisting a paid coach in training

- Assisting a paid coach on matchdays

**Club President Acknowledgement**

My Club President confirms that this supports club sport delivery and supports this application.

If this is application is for a president, this approval must be another core committee member.

If you work directly with the SU through our recreational sport delivery, this section does not apply.

**Withdrawal or Non-Participation**

If I am unable to meet the above commitments, I will inform the Sport and Rec team as soon as possible. I understand that failure fulfil the commitment may affect future club funding opportunities in this area and will incur repayment of costs from the individual attending the course and club.

**Declaration**

Student applying for the course

I confirm that the information on this form is correct and agree to the terms and conditions of this SLA.

|  |  |
| --- | --- |
| **Name**   |   |
| **Signature**   |   |

President (or other committee member if president is applying)

I confirm that the information on this form is correct and agree to the terms and conditions of this SLA.

If you work directly with the SU through our recreational sport delivery, this section can be left blank.

|  |  |
| --- | --- |
| **Name**   |   |
| **Role**  |  |
| **Signature**   |   |

LSESU staff member

*This SLA is only approved once signed by a member of staff from LSESU.*

|  |  |
| --- | --- |
| **Name**   |   |
| **Signature**   |   |