





## Register of Active Coaches (ROAC) Particulars Form

### 7. Sports Certification (e.g. Sports Science, Sports Psychology etc.)

S/No	Certified Date	Types of Certifications	Remarks

Question	Reply		Remarks
1. Have you ever suffered or are you suffering from disease or mental illness?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
2. Have you ever been convicted in a court of law in any Country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
3. Have you been charged with any offence in a court of law in any country for which the outcome is not yet known?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	
4. Have you ever been de-registered or de-listed in any registry of coaches in any country?	<input type="checkbox"/> No	<input type="checkbox"/> Yes	

I hereby acknowledge receipt of [SportSG Coach Code of Ethics](#) document and declare that I have read and understood the terms and conditions therein

I declare that the above information provided is accurate and complete in all respect.

I understand that if I have made a false declaration, Singapore Bowling Federation reserves the right to de-register me from the Register of Active Coaches without notice.

\_\_\_\_\_  
Signature/Date

## **Register of Active Coaches (ROAC) Particulars Form**

**Please indicate the number of years to apply: \_\_\_\_\_**

Name: \_\_\_\_\_

NRIC (Last 4 characters only. E.g: 324A: \_\_\_\_\_)

**Please provide the following info:**

Contact Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

ROAC Card to be delivered to

(Address): \_\_\_\_\_

Postal Code \_\_\_\_\_