

**FIE BUDAPEST COACHING ACADEMY**

**APPLICATION FORM – EPÉE SESSION**

**April 24 – July 20, 2023**

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| **FAMILY NAME** |  |
| **FIRST NAME** |  |
| **FULL HOME ADDRESS** (street, number, postcode, city, country) |  |
| **PHONE NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **DATE OF BIRTH** |  |
| **PLACE OF BIRTH** |  |
| **HOLD A LEVEL-3 COACHING DIPLOMA ?***Please specify where and the year* | **Yes No**  |
| **FIE/NATIONAL LICENCE NUMBER** |  |
| **LANGUAGES SPOKEN** | **English Other** |
| **ALREADY ACTIVE AS A COACH FOR AT LEAST 7 YEARS?***Please specify where (fencing club, national federation, school) and exact position held* |  **Yes**   **No**  |

Note that the participants must have health insurance for medical fees, assistance, accident and repatriation

Please send this application form duly filled in and signed, **the passport/ID copy**, **color photo**, **enrolment/diploma copy**, **doctor’s certificate**, **health insurance proof**, **biography** and **reference letter from the NF** to

 training.camp@fie.ch

**DEADLINE: March 03, 2023**

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| Date : |  Signature : |