

**FIE BUDAPEST COACHING ACADEMY**

**APPLICATION FORM – FOIL SESSION**

**July 28 – October 17, 2025**

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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-1 COACHING DIPLOMA ?**  *Please specify where and the year* |  |
| **FIE/NATIONAL LICENCE NUMBER** |  |
| **LANGUAGES SPOKEN** |  |
| **ALREADY ACTIVE AS A COACH FOR AT LEAST 5 YEARS?**  *Please specify where (fencing club, national federation, school) and exact position held* |  |

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

[ezequiel.abellonavas@fie.ch](mailto:ezequiel.abellonavas@fie.ch)

**DEADLINE: May 23, 2025**

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| Date : | Signature : |