

## CODE OF ETHICS WORKSHOP



**PLEASE fill out this form in BLOCK CAPITALS in order that details on your Certificate will be correct.**

### Application Form

**Venue: Training Room, Level 0, Aras Chill Dara, Naas.**

**Date: \_\_\_\_\_**

**Club Name:** \_\_\_\_\_

**Club Email:** \_\_\_\_\_

**Sport/Activity:** \_\_\_\_\_

**Name of person attending course:** \_\_\_\_\_  
(Participants must be over 18 years of age)

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Contact No. :** \_\_\_\_\_ (home) \_\_\_\_\_ (mobile)

**Email:** \_\_\_\_\_

**Places will only be secured after registration and payment are received.**  
Please complete above details and return **no later than 1 week before course** date together with the **fee of €25.00 made payable to:**

**Kildare Sports Partnership,  
Level 5,  
Aras Chill Dara,  
Devoy Park,  
Naas  
Co Kildare.**

**Tel. 045 980546  
Email: ehennessy@kildarecoco.ie**

Office Use Only

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Paid Cert No .....