



BCU COACHING SERVICE BCUNA COACHING AWARDS SCHEDULE

This form must be completed and returned to BCUNA within 7 days of the course completion date, regardless of whether the course runs.

Name of Course Provider Provider #

Course Director BCU #

Course Date

Venue: Course Reference #

Course Cancelled / Postponed Course ran on authorised dates Signature of Course Provider

The Course Provider must tick the appropriate boxes to indicate that evidence of pre-requisites have been seen.

BCU Number	Expiry date	Name	Star Skills	First Aid expiry date CPR expiry date	Safety Test	Training	# of Star Assessments	Recommendation Please Specify
1								Recommended
								Not Recommended
2								Recommended
								Not Recommended
3								Recommended
								Not Recommended
4								Recommended
								Not Recommended
5								Recommended
								Not Recommended
6								Recommended
								Not Recommended
7								Recommended
								Not Recommended
8								Recommended
								Not Recommended
9								Recommended
								Not Recommended
10								Recommended
								Not Recommended
11								Recommended
								Not Recommended
12								Recommended
								Not Recommended

Verification Signatures - Course Director signs below. All other Assessors print name and sign below.

Course Director/Assessor 1 - Signature

Assessor 2 Signature BCU #

Assessor 3 Signature BCU #

Assessor 4 Signature BCU #