**ESSEX METROPOLITAN NETBALL ASSOCIATION**

**COACHES 2020/2021 CLUB:**

Please: (a) complete with details of all qualified coaches **who are members of** your club;

 (b) specify county of qualification if **NOT** Essex Met.

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**PLEASE INCLUDE ALL QUALIFIED COACHES WHO ARE MEMBERS OF YOUR CLUB, WHETHER OR NOT THEY COACH IN ESSEX MET.**

1. **Coaches who coach in Essex Met (coaches will be asked to consent to their personal data being included in the Coaches List, which may be sent to Clubs/other affiliated organisations on request)**

**Name Telephone no(s). Email address Qualification**

1. **Coaches who do not coach in Essex Met (their names and qualifications will be held by the Coaching Secretary, in case of any queries)**

**Name Telephone no(s). Email address Qualification**

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Send this form to the **Coaching & Development Secretary** B Owalabi development@essexmet.co.uk