



## **GOLF AUSTRALIA**

INCORPORATED

Level 3, 95 Coventry St

South Melbourne VIC 3205

Telephone: (03) 9626 5050 Facsimile: (03) 9626 5095

Website: [www.golfaustralia.org.au](http://www.golfaustralia.org.au)

### **APPLICATION FOR APPROVAL AS AN INSTRUCTOR AS PART OF A GOLF PROGRAM**

From the 1<sup>st</sup> January 2006 the R&A has amended *Amateur Status Rule 5-2b – Approved Program* to read as follows:

“An *amateur golfer* may receive expenses, payment or compensation for giving golf *instruction* as part of a program that has been approved in advance by the *Governing Body*.”

The intent of the change to the Rule by the R&A to allow ‘amateurs’ to receive payment or compensation for giving golf instruction is to encourage the involvement of volunteers operating programs aimed at introducing people to golf. Volunteers conducting an approved program MUST compliment the role of PGA members and as such work closely with PGA members at the facility the program is based.

A *Program* for the purpose of these guidelines is defined as any structured coaching activity designed to help develop golf participation and skills and grow the game of golf.

#### **THE APPLICATION PROCESS**

1. The applicant fills in all details of the following form.
2. The applicant sends the form and supporting documentation to:  
Attn: Daniel Waters  
Golf Australia  
Level 3, 95 Coventry Street  
SOUTH MELBOURNE VIC 3205  
Fax: (03) 9690 8510  
Phone: (03) 9699 7944  
Web: [www.golfaustralia.org.au](http://www.golfaustralia.org.au)
3. Golf Australia will assess the application and inform the applicant of approval or further requirements needed to be met for approval.
4. Successful applicants will be placed on a database with Golf Australia
5. Programs will be reviewed annually or if there is a change in the PGA member at the facility.



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## APPLICATION FOR APPROVAL AS AN INSTRUCTOR AS PART OF A GOLF PROGRAM

Name of applicant: \_\_\_\_\_

Name of program (optional): \_\_\_\_\_

Club/School/Facility/Venue where program will be delivered: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (B) \_\_\_\_\_ (M) \_\_\_\_\_

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

Postcode: \_\_\_\_\_ State: \_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

Postcode: \_\_\_\_\_ State: \_\_\_\_\_

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

NCAS Level of Accreditation: Level 1  Level 2

My program is supported by:

Affiliated golf club

School/Educational Authority

State Golf Association

National Golf Association

Club/School/Association: \_\_\_\_\_

Name (please print): \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Do you or your club have insurance coverage for all activities as part of your program? Yes  No

What is your claim limit for: Public Liability: \$ \_\_\_\_\_

Professional Indemnity: \$ \_\_\_\_\_

\*\*\*A copy of your insurance policy must be attached to this application\*\*\*

How many hours per week do you plan to provide instruction as part of the program: \_\_\_\_\_

What percentage of your total employment hours does this represent: \_\_\_\_\_

What percentage of your total income do you anticipate the program will provide: \_\_\_\_\_

A PGA member located at or servicing the club/facility where you wish to deliver your program must support your application.

If there is not a PGA member servicing the club/facility, approval must be obtained from another local PGA member.

PGA Member (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I, the applicant, hereby declare that all of the above information is true and correct and have signed and agree to abide by the attached Coach's Code of Ethics.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_