



University of Bradford Union of Students (UBU) Coaching Registration Form 2025/2026

Please ensure that all sections are fully completed, and all required documents are submitted alongside this form. **No coaching can take place if this form is not submitted or is missing any information.** This form must be completed annually by all coaches (paid, voluntary, and student).

Along with this registration form, coaches should submit:

- Coaching Agreement 2025/26
- Public Liability Insurance (applicable to paid coaches, not applicable to UoB students unless they have their own private business)
- Coaching Qualifications

When completing registration, the following form and additional documentation must be submitted to both m.l.allhouse@bradford.ac.uk and ubu@bradford.ac.uk.

Personal Details	
Name	
Address	
Telephone Number	
Email Address	

Student Information (only applicable for UoB Student Coaches)	
UB Number	
Do you have a contract with UoB JobShop?	

Please list all of the clubs/teams you will be working with

Payment Information (not applicable for UoB Student Coaches)	
Are you working in a paid or voluntary capacity?	
Are you working as Head or Assistant Coach?	
Payment Rate Agreed with Club (per hour)	£

Employment Status (not applicable for UoB Student Coaches)	
Coaches must be self-employed in order to receive any form of payment.	
Coach UTR (Unique Taxpayer Reference Number)	
All invoices must be submitted with a timesheet and invoices must contain the following statement:	
I am self-employed and I am responsible for any tax or National Insurance liability.	
Invoices must be submitted monthly unless agreed prior to the start of the year with the club AND UBU or they risk not being paid.	

Qualifications		
National Governing Body Affiliation/Membership Number:		
Please provide details on National Governing Body, Coaching, First Aid, or Other Relevant Qualifications		
Qualification	Date Awarded	Expiry Date (if applicable)

Insurance		
Please provide details of relevant insurance such as Public Liability Insurance		
Issuing Body/Company	Date of Commencement	Expiry Date

Documents	
Have you provided UBU with the relevant qualifications, insurance documents, and coaching agreement form?	

Declaration	
I hereby certify that the information I have provided on this form is true and correct and that I have read and will adhere to the Coaching Agreement.	
Name (printed)	
Signature	
Date	

This coaching registration is not valid until checked and signed by UBU.

Office Use

Submitted to UBU on:

Checked and Approved Name and Date: