

**The Republic of Ireland
Billiards & Snooker
Association**



Snooker HQ Unit 8 Barrowvalley Retail Park
Graiguecullen Co Carlow R93 T2W2
Text 085 2428701



SPÓRT ÉIREANN
SPORT IRELAND

E-Mail: info@ribsa.ie: www.ribsa.ie

Application Forms



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Application Form - RIBSA Officials

For Official Use only

RIBSA MEMBERSHIP NUMBER:

Date Application Received:

Personal Details

Full Name

Address:

Address:

Passport Number:

Date of Birth:

Marital Status :

Telephone - home:

Email:

Mobile:

Are you interested in becoming?

- An Accredited **Coaching Ireland RIBSA** Coach – this qualification would give you a recognised qualification in the Republic of Ireland Billiards & Snooker Association

- An Official of the Republic of Ireland Billiards & Snooker Association

Please complete this application and send it along with all other relevant information) to RIBSA - C/O Sport HQ.

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SNOOKER & BILLIARDS EXPERIENCE

Reason why you want to become a RIBSA Coach / Referee?

Availability? Region?
Please give details:

Do you have another job/commitment?
Please give details:

Facilities?
Please detail clubs/table where you are able to coach/referee:

Coaching Qualifications / Playing / Referee Experience?
Please give details:

Please detail any seminars / courses you may have already attended:

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Personal Disclosure Form - Part 1

****CONFIDENTIAL****

Surname : _____ Forename : _____

Address: _____ PPS Number : _____

Address: _____ Passport Number : _____

Date of Birth: _____ Place of Birth: _____

ORIGINAL BIRTH CERT MUST BE ENCLOSED TO COMPLETE YOUR APPLICATION

Any Surname OR Forename you were previously known by: _____

PLEASE STATE ALL ADDRESSES FROM YEAR OF BIRTH TO PRESENT DATE:

HOUSE NO.	STREET	TOWN	COUNTY	POST CODE	COUNTRY	YEAR FROM	YEAR TO

Have you ever been convicted of a criminal offence or been the subject of a Caution or of a Bound over Order? *If yes, please state below the nature and date(s) of the offence(s).*

YES

NO

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PART 2 WITH FULL DETAILS MUST BE COMPLETED IF YOU ANSWERED YES Personal Disclosure Form.

CONFIDENTIAL

**If you have answered No – please write NO CRIMINAL OFFENCES through the boxes
and SIGN the declaration**

Details of Criminal Offences

DATE	COURT	OFFENCE	COURT OUTCOME

Declaration of NO offences:

I, the undersigned have applied to become an official of the Republic Of Ireland Billiards & Snooker Association and hereby confirm that all the information supplied is correct and there are no convictions recorded against me in the Republic of Ireland or elsewhere, or a statement of all prosecutions, successful or not, pending or completed, in the State or elsewhere as the case may be

Signature: _____ Date: _____

Declaration:

I, the undersigned have applied to become an official of the Republic Of Ireland Billiards & Snooker Association and confirm that all the information supplied is correct.

I have detailed all the convictions, prosecutions, successful or not, pending or completed recorded against me in the Republic of Ireland or elsewhere.

Signature: _____ Date: _____

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Personal Referee Nomination Form

Personal Referees

Please provide the details of two personal referees who will endorse your application.

The Referee must be professional people who are not related to you and who have known you for at least three years.

The referees will be contacted by RIBSA to verify the candidate application

Personal Referee 1

Name (please use block capitals throughout): _____

Address: _____

Address: _____

Occupation: _____

Telephone: _____

Email : _____

Mobile : _____

Personal Referee 2.

Name: (please use block capitals throughout): _____

Address: _____

Address: _____

Occupation: _____

Telephone: _____

Email : _____

Mobile : _____

Application Signature: _____ **Date:** _____

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New Applicant: Personal Referee Form

****CONFIDENTIAL****

_____ has expressed an interest in becoming a snooker coach or an official of the Republic of Ireland Billiards & Snooker Association and has given your name as a referee. This position may involve working with children. As a Body committed to the welfare and protection of children, we are anxious to know if you have **any** reason at all to be concerned about this applicant being in contact with children or young people (please circle one answer) :

YES.

NO.

If you have answered **YES**, we will contact you in confidence.

If you are happy to complete this reference, all the information contained on the form will remain absolutely confidential

We would appreciate your being extremely candid in your evaluation of this person.

- ❶ How long have you known this person?

- ❷ In what capacity?

- ❸ What attributes does this person have that would make them a suitable coach / Official?

Please rate this person on the following? (please tick one).

	Poor	Average	Good	V/Good	Excellent
<i>Responsibility</i>					
Maturity					
Listening Skills					
Motivation					
Commitment					
Patience					
Reliability					

Declaration: I confirm that I have known the applicant for at least three years. I am not related to the applicant.

Signed _____ Date _____

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Contract between RIBSA and or any Player, Referee or Official Representing RIBSA in International Events - Home or Abroad.

I _____ agree to the following:

1. All representatives, if present in the host country, must attend the complete Opening Ceremony in full National Dress.
2. Players must wear a RIBSA waistcoat for all matches.
3. Players must complete all matches unless substituted by Team Manager or excused on medical grounds by the Tournament Director or the appointed RIBSA Delegate.
4. All representatives must attend full Closing Ceremony if still in the host country and they must wear the full National dress for the ceremony.
5. Representatives must not do anything to bring the game or RIBSA into disrepute.
6. Part-time officials, for events hosted by Ireland, maybe excused from Opening or Closing Ceremony with the prior consent of the Tournament Director or appointed RIBSA Delegate.
7. All players and officials must take full responsibility for their accommodation when representing RIBSA.
8. Players U-18 playing in any National or International event are not allowed to drink alcohol before, during or after any competition.
9. Non-compliance with **rule 8** will result in automatic removal from competition and suspension from all RIBSA events.
10. RIBSA is not responsible for any form of personal insurance cover for Players, Delegates, Referees or Guests. It is each individual's own responsibility to ensure that they have adequate travel insurance.
11. Failure to comply with any of the above will result in a €100 fine for each offence and possible suspension. If a person commits three offences at any one event, they will be fined €300 and suspended from all RIBSA activities for at least one year.
12. All fines must be paid before resuming participation in any RIBSA activities.

Player / Official: Signed _____ Date: _____

(If U-18) Parent / Guardian Signed: _____ Date: _____

RIBSA Committee Member Signed: _____ Date: _____

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Non-Attendance – Training Day Form

(Name of Player) _____

I cannot attend the official RIBSA training Day on (Date) _____

Venue _____

Reason For Non Attendance :

FAILURE TO INFORM RIBSA OF NON ATTENDANCE AT TRAINING DAYS
WILL RESULT IN YOU LOSING YOUR PLACE ON THE TEAM

Have you contacted the Team Manager prior to submitting this form?

YES

NO

Player Signature: _____ Date : _____

Parent / Guardian Signature _____

Contact Details : _____

Please complete and sign this Non-Attendance Form.
Forward it (along with all other relevant information) to PJ Nolan, Team Manager