

**APPLICATION FOR REGISTRATION AND ENDORSEMENT AS A SKILL ACQUISITION PHASE
PROGRAM PROVIDER**

1. CLUB DETAILS

CLUB NAME: _____

CLUB ADDRESS: _____

CLUB OFFICIAL COMPLETING THIS APPLICATION

Name: _____

Contact Phone: _____

Contact Email: _____

2. PROGRAM DETAILS

NAME OF CLUB'S SAP PROGRAM COORDINATOR:

Name: _____

Contact Phone: _____

Contact Email: _____

CLUB SAP PROGRAM COORDINATOR'S FFA ACCREDITATION LEVEL: _____

CLUB VENUE FOR SAP PROGRAM SESSIONS:

PROGRAM FEES

Please provide details of the fees that are charged to participants of the club's SAP Program (please use one of the following options)

Program Fee \$_____ per cycle
 \$_____ per annum
 \$_____ (other) _____

Fee breakdown (please list the items covered by the fee):

These details will be displayed on the FFT website

THE FOLLOWING DOCUMENTS SHOULD ACCOMPANY THE APPLICATION FORM

Program Commencement Date:

	From	To
	Week Commencing	Week Commencing
Cycle 1 Dates:		
Cycle 2 Dates:		
Cycle 3 Dates:		
Cycle 4 Dates:		
Cycle 5 Dates:		
Cycle 6 Dates:		
Additional Cycles		
Cycle 7 Dates:		
Cycle 8 Dates:		

Additional Parent Sessions

Topic (suggested)	Date	Topic	Date
Introduction to SAP			
Parents as SAP supporters			
Festival Review 1			
Festival Review 2			

CYCLE NUMBER:

CYCLE DATES: / / to / /

		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Week 1	Core Skill							
	Specific Aspect							
Week 2	Core Skill							
	Specific Aspect							
Week 3	Core Skill							
	Specific Aspect							
Week 4	Core Skill							
	Specific Aspect							
Week 5	Core Skill							
	Specific Aspect							
Week 6	Core Skill							
	Specific Aspect							

ALL FORMS ARE TO BE RETURNED TO:

technical@footballfedtas.com.au

