



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

Application for Approval of *Amateur Golfers* to Provide *Instruction* under Amateur Status Rule 5-2b as a part of a Golf Australia *Compliant Program*

From the 1st January 2006 The R & A amended Amateur Status Rule 5-2b 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 is to encourage the greater delivery of programs aimed at introducing and/or engaging people in golf.

Amateur golfers providing *instruction* MUST NOT conflict with the activities of a PGA member or the relevant State Golf Association.

Amateur golfers must apply to Golf Australia for approval to receive payment for instruction as part of a Golf Australia *compliant program* under this rule.

For approval to be granted, the amateur golfer must deliver a program which conforms with the definition of a *compliant program*, AND they must not perform *instruction* beyond what is permitted by these guidelines.

Definition: Compliant Program

A *“compliant program”* will develop the game of golf at any level. Examples of *compliant programs* include MYGolf, the Active After-School Communities program, State Association or PGA endorsed development programs, or other programs considered by Golf Australia to be aimed at introducing and/or engaging people in 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 the relevant State Golf Association. The details of your Association can be found at this web address:
<http://www.golfaustralia.org.au/default.aspx?s=stateassociations>
3. If the State Golf Association supports the application, they then forward it to Golf Australia for approval.
4. Golf Australia will assess the application and inform the applicant of approval or further requirements needed to be met for approval.
5. Successful applicants will be placed on a database with Golf Australia
6. Programs will be reviewed annually or if there is a change in the PGA member at the facility.



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Name of applicant: _____

Facility 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

Support of the affiliated golf club (if applicable): _____

Name

Signature

Support of relevant State Golf Association : _____

Name

Signature

Compliant Program

MYGolf	<input type="checkbox"/>	**Please tick the box that corresponds with the program you will be delivering. If you delivering a program other than those listed, please attach details of the content of your program. This may include lesson plans or a summary of lessons and should include information regarding the target audience and the content of instruction. Please note: all programs must conform to Golf Australia's Member Protection and Disability Policies. Details: www.golfaustralia.org.au
Active After-Schools Community	<input type="checkbox"/>	
State Association program	<input type="checkbox"/>	
PGA program	<input type="checkbox"/>	
Other **	<input type="checkbox"/>	

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: _____

How much do you plan to charge per hour for instruction: _____

How much money do you plan to earn per annum for instruction: _____

Is a PGA member servicing the facility where you wish to provide instruction? Yes No

If yes, support must first be obtained by the PGA Member:

Name 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: _____