

## Coaching Application Forms 2020-2021 Season.

Name:
Address:
Home Phone: MOB:
E-mail Address:
Age:
Do you have a Working with Children's Check? Yes / No
If yes Number:Expiry Date: / /
Do you have a First Aid Certificate? Yes/No
Coaching Experience:
Have you coached at other representative associations? If yes please list.
2 List your Level of Qualifications?



3	Rate in order of importance to YOU. (1 most, 5 least)					
	Winning Games: Winning Tournaments: Fun & Enjoyment for you and play Player Improvement: Coaching Development:	/ers:				
4 List your 3 strengths and 3 weaknesses						
	Strengths	Weaknesses				
5	What is your opinion on teaching	fundamental skills?				



<u>1.</u>	
2.	
3.	
Briefly describe your coacl (How do you like to organis	hing philosophy? se your defence and offence)
	u like to coach in 2020- 2021?
What Age Group would you  1st Choice:	
	Girls / Boy
1 <sup>st</sup> Choice:	Girls / Boy Girls / Boy
1 <sup>st</sup> Choice:	Girls / Boy Girls / Boy Girls / Boy
1 <sup>st</sup> Choice:  2 <sup>nd</sup> Choice:  3 <sup>rd</sup> Choice:	Girls / Boy Girls / Boy Girls / Boy
1 <sup>st</sup> Choice:  2 <sup>nd</sup> Choice:  3 <sup>rd</sup> Choice:	Girls / Boy Girls / Boy Girls / Boy



## 11 Coaches are required to coach their games on Friday nights, train Sunday mornings and one evening. Are you able to make these commitments?

YES:	NO:	UNSURE:
-	repares to help out in dis sisting in clinics.	stributing fliers to domestic
YES:	NO:	UNSURE:
Attend BIGV ga happens twice	ames when your team h	as allocated duty, this
YES:	NO:	UNSURE:
12 Team Conce	pts/Rules:	
13 How can you	make our program bett	ter?
14 What is your	vision?	



Referees:			
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