



# Gosford Netball Association Inc

PO Box 1143 Gosford

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www.gosfordnetball.com.au

ABN: 32 263 572 025

## APPLICATION FOR REPRESENTATIVE Coach    Manager    Assistant Coach

(circle the position you wish to apply for)

All information provided will be treated by the Association as confidential.

### PLEASE PRINT

NAME: \_\_\_\_\_ HOME NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE NO: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ EMAIL ADD: \_\_\_\_\_

Please number in order of preference for team/s you would like to be appointed to:

- |            |                          |                     |                          |          |                          |                                 |                          |
|------------|--------------------------|---------------------|--------------------------|----------|--------------------------|---------------------------------|--------------------------|
| Open       | <input type="checkbox"/> | Night InterDistrict | <input type="checkbox"/> | 15 years | <input type="checkbox"/> | 13 years Challenge              | <input type="checkbox"/> |
| 19 & under | <input type="checkbox"/> | State League        | <input type="checkbox"/> | 14 years | <input type="checkbox"/> | 12 years Challenge              | <input type="checkbox"/> |
| 17 & under | <input type="checkbox"/> |                     |                          | 13 years | <input type="checkbox"/> | 11 years Development Squad      | <input type="checkbox"/> |
| Over 35's  | <input type="checkbox"/> |                     |                          | 12 years | <input type="checkbox"/> | Any Junior Rep/Development Team | <input type="checkbox"/> |
| Over 40's  | <input type="checkbox"/> |                     |                          |          |                          | A senior and a Junior Rep Team  | <input type="checkbox"/> |
|            |                          |                     |                          |          |                          | Any Senior Rep Team             | <input type="checkbox"/> |

If you are not appointed to coach a team you applied for, are you prepared to coach for another team allocated by the Executive?

YES OR NO (PLEASE CIRCLE)

If Yes, would you prefer:    A Senior Team                       A Junior Team                       Any Rep Team

COACHING QUALIFICATIONS – Please attach photocopies of all qualifications eg Coaching, Accreditation, Theory Pass First Aid.

LEVEL 1: Mandatory for Coach/Ass Coach (Year awarded) \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

LEVEL 2: (Year awarded) \_\_\_\_\_

SECTION 1 THEORY Mandatory for Coach/Ass Coach Year Passed \_\_\_\_\_ Mark \_\_\_\_\_ %

UPDATE CLINICS Attended during current year \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COACHING EXPERIENCE Please list the last five seasons of experience (if insufficient space, please attach details

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

OTHER QUALIFICATION: (eg. Current First Aid Certificate)

\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_