

APPLICATION FORM COACH / ASSIST COACH / MANAGER / TRAINER OF A NEW SOUTH WALES REPRESENTATIVE TEAM

| APPLICANT | APPLICANT DETAILS: | | | | | | | | | | | | |
|--|--|--------------|----------|--------------|-----------|------|--------------|----------|---------|--|----------|--|--|
| Name: | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | |
| Suburb: | | | | State: | | | Postcode: | | | | | | |
| Phone: | | | | Email: | | | | | | | | | |
| CURRENT COACHING ACCREDITATION: (COACHES MUST HOLD DEVELOPMENT OR HIGHER) | | | | | | | | | | | | | |
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| COACHING EXPERIENCE OVER THE PAST 3 YEARS (OR MORE): (Please list highest level of each year) | | | | | | | | | | | | | |
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| NB: Successful applicants will be appointed to a position to which the Executive Committee considers they are best suited. | | | | | | | | | | | | | |
| POSITION APPLYING FOR: Please mark with an (X) | | | | | | | | | | | | | |
| Coach Assist (| | | : Co | Coach Manage | | | | | Trainer | | | | |
| I WOULD PREFER: Please mark with an (X) | | | | | | | | | | | | | |
| Open Mens | | Reserve Mens | | | Mixed | | 23/Under | 20/Under | | | 17/Under | | |
| GIVE YOUR REASONS FOR APPLYING FOR THIS POSITION: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | |
| | | | | | | | | Date: | | | | | |
| | Application forms must be returned to the Secretary of Mens Netball NSW by 25 August 2017 | | | | | | | | | | | | |
| | | | <u> </u> | me | nsnetball | nsw. | sec@gmail.co | om | | | | | |