

HOPE VALLEY NETBALL CLUB

EXPRESSION OF INTEREST TO COACH WITH THE HVNC

This form is to be completed by any person wishing to coach with the Hope Valley Netball Club. All coaches are required to have a Current Working With Children check. We require your full name and date of birth in order to check the validity or apply for a Working With Children check on your behalf. This information will remain confidential. Please complete this form (either online, or print and handwrite it).

YOUR DETAILS

First Name

Middle Name

Last Name

Date of Birth

Address 1

Address 2

Suburb

Postcode

Mobile

Email

COACHING PREFERENCES

I would like to coach the following age group(s):

Senior (18 and Over)

Sub Junior (13 and Under)

NetSet (Under 7)

Intermediate (17 and under)

Primary (11 and Under)

Junior (15 and Under)

Go (9 and Under)

Please advise if you would like to coach a specific player's team - please provide player name(s):

COACHING ACCREDITATION

I understand that all coaches must have Foundation coaching as a minimum requirement, and I undertake to complete this course as part of my coaching requirements. What is your current accreditation?

Foundation
Development

Intermediate
Advanced

Nil and I undertake to complete the Foundation course

Year Accreditation Achieved

Please summarise your coaching experience below:

If you have no experience as a coach, do you have any playing experience?

AVAILABILITY FOR TRAINING

Wednesday Night 4.30 - 5.30

Thursday Night 6.30 - 7.30

Wednesday Night 5.30 - 6.30

Thursday Night 7.30 - 8.30

Wednesday Night 6.30 - 7.30

Wednesday Night 7.30 - 8.30

Wednesday Night 8.30 - 9.30

WORKING WITH CHILDREN CHECK

Do you have a CURRENT working with children (WWC) check? Select from dropdown box...

OTHER COMMENTS

Is there anything else you wish to add?