



COACH / MANAGER EXPRESSION of INTEREST FORM 2018

EXPRESSION OF INTEREST ARE NOW BEING CALLED FOR ALL PERSONS INTERESTED IN THE POSITION OF COACH OR MANAGER OF THE SOUTH WEST ZONE SPUER LEAGUE MEN OR WOMENS TEAM FOR 2018

Indicate Preference/s:

Super League South West Zone (female)

Coach (SWZ SL Female)

Manager (SWZ SL Female)

Super League South West Zone (male)

Coach (SWZ SL Male)

Manager Coach (SWZ SL Male)

Coach/ Manager Details			
Name:		Email Address:	
Phone Number (AH)		Mobile Number:	
Address:			
Current Association			
Association Name (1):		Email Address:	
Association Contact :		Association Phone Number:	
Address:			

SUITABILITY NOTIFICATION BLUE CARD & DRIVERS LICENSE

The applicant is required to provide a copy of their current suitability notice details.

Blue Card/ Registration Number:		Expiry Date:	
Drivers License Number:		Expiry Date:	

APPLICANT'S EXPERIENCE

Please list below all relevant experience with most recent first (*manager/coach/assistant coach/mentor – club or organization*)

Current	Position Held	Local/State/National Team
Previous Date/ Year	Position Held	Local/State/National Team

GUIDELINES FOR APPOINTMENTS

The health, safety and well-being of all its team players, coaches and managers involved with the South West Zone the Super League Teams is paramount.

All coaches and managers have a responsibility to provide safeguards dedicated to the well-being of all players.

Abuse is not wholly exclusive to physical, emotional, psychological and social abuse or harassment. These forms of behaviour will not be tolerated and are unacceptable. The abuse of team members by other members or officials or external sources is not acceptable.

Accreditation

Please list any **relevant accreditations**

Further Information or Comments

(eg: *why do you want this position?* .

Name (please print)

Signature

____/____/____
Date

Please submit this form to:

(EOI can be submitted via email office@toowoombahockey.com.au)

CLOSING DATE 08 Jan 2018

For further information, please contact Kris Stainton – [THA \(07\) 4633 1229](tel:(07)46331229)

Office Use Only

Application Received:

____/____/____

Application Checks

: ____/____/____

(signature)

Approved

____/____/____

Not Approved

Application Notified: ____/____/____

(signature)

Comments: