**COACH / MANAGER EXPRESSION of INTEREST FORM 2019**

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| **EXPRESSION OF INTEREST ARE NOW BEING CALLED FOR ALL PERSONS INTERESTED IN THE POSITION OF COACH / MANAGER / SELECTOR OF IPSWICH OPEN MEN’S / WOMEN’S TEAM FOR 2020** |

**Indicate Preference/s:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **Selector (Ipswich Open Female)** * **Selector (Ipswich Open Male)** | | * **Coach (Ipswich Open Female)** * **Coach (Ipswich Open Male)** | | * **Manager (Ipswich Open Female)** * **Manager (Ipswich Open 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.

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| --- | --- | --- | --- |
| **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 organizatio*n)

|  |  |  |
| --- | --- | --- |
| **Current** | **Position Held** | **Local/State/National Team** |
|  |  |  |
|  |  |  |
| **Previous Date/ Year** | **Position Held** | **Local/State/National Team** |
|  |  |  |
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**GUIDELINES FOR APPOINTMENTS**

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***

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# Further Information or Comments

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

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Name (please print) Signature Date

**Please submit this form to: rcd@ipswichhockey.com**

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| **(EOI can be submitted via email** [**rcd@ipswichhockey.com.au**](mailto:rcd@ipswichhockey.com.au)**) For further information, please contact RCD Ipswich Hockey – 0413 211 138** |