**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 OR MANAGER OF THE SOUTH WEST ZONE SUPER LEAGUE MEN OR WOMEN’S TEAM FOR 2019** |

**Indicate Preference/s:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * **Super League South West Zone (female)** * **Super League South West Zone (male)** | | * **Coach (SWZ SL Female)** * **Coach (SWZ SL Male)** | | * **Manager (SWZ SL Female)** * **Manager (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.

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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)

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

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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: Hugh Hocking – South West Zone Coordinator 2019**

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| **CLOSING DATE 21 February 2019**  **(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** |

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| **Office Use Only** | | |
| Application Received: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ | Application Checks  : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_  *( signature)* | 🞏 Approved \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  🞏 Not Approved Application Notified: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *( signature)* |
| Comments: | | |