



# IPSWICH HOCKEY ASSOCIATION INC.

Established 1931



## **2018 – EXPRESSION OF INTEREST COACHES / MANAGERS / SELECTORS**

Ipswich Hockey Association Expression of Interest Form must be completed in its entirety with a valid Driver's Licence and Blue Card. For those that are nominating for a role within a Junior team (U18 and below) you will be required to complete the Play by the Rules online courses and provide your certificate. Links of the online courses are listed below.

### **Child Protection, Harassment and Discrimination Course (free online)**

<http://www.playbytherules.net.au/interactive-scenarios/free-online-training/child-protection-harassment-and-discrimination-course>

### **Team Selection Junior Sport (free online)**

<http://www.playbytherules.net.au/interactive-scenarios/team-selection-junior-sport>

If you're required to renew your coaching accreditation or need to create a Hockey Ed logon please do so via the Hockey Ed website by clicking [here](#). Once you have completed the online component of your renewal or completed your Community Coaching Accreditation please notify the RCD (Sam Spry).

As part of your Expression of Interest to Coach / Manage / and or Select you are required to read and acknowledge the following codes of conduct, guidelines and procedures and policy on alcohol consumption which are listed below. These will be discussed further with you should you be successfully appointed to a position.

### **Coach / Manager / Selector Code of Conduct**

<http://assets.imgstg.com/assets/console/document/documents/IHAREPRESENTATIVETEAMPOLICY2011.pdf>

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### **Coach Guidelines and Procedures**

<http://assets.imgstg.com/assets/console/document/documents/IHAREPRESENTATIVETEAMPOLICY2011.pdf>

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### **Manager Guidelines and Procedures**

<http://assets.imgstg.com/assets/console/document/documents/IHAREPRESENTATIVETEAMPOLICY2011.pdf>

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### **Selector Guidelines and Procedures**

<http://assets.imgstg.com/assets/console/document/documents/IHAREPRESENTATIVETEAMPOLICY2011.pdf>

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### **Policy on Consumption of Alcohol**

<http://assets.imgstg.com/assets/console/document/documents/IHAREPRESENTATIVETEAMPOLICY2011.pdf>

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Once you have read the above listed codes please complete the Expression of Interest form and return to the RCD [rcd@ipswichhockey.com](mailto:rcd@ipswichhockey.com) and IHA Secretary via email [secretary@ipswichhockey.com](mailto:secretary@ipswichhockey.com) by

**15 FEBRUARY 2018**



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I, \_\_\_\_\_ express my interest in the following position/s:

Please place a tick in the box of the position you are Expressing an Interest in. If you are Expressing an Interest in more than one team please place a number in the TEAM column.

AGE GROUP	GENDER	COACH	MANAGER	SELECTOR	TEAM	DATES	LOCATION
U11	FEMALE / MALE				1 / 2 / 3 / 4	05 AUG 18	DOWNEY PARK
U13	FEMALE				1 / 2	7-10 JUL 18	BUNDEBERG
U13	MALE				1 / 2	7-10 JUL 18	MACKAY
U15	FEMALE				1 / 2	23-26 SEP 18	HERVEY BAY
U15	MALE				1 / 2	23-26 SEP 18	SUNSHINE COAST
U18	FEMALE				1	1-3 JUL 18	CAIRNS
U18	MALE				1	1-3 JUL 18	IPSWICH
FOH	FEMALE / MALE				1	29 SEP – 1 OCT 18	GOLD COAST
<b>MASTERS</b>							
MASTERS	FEMALE					8-10 JUN 18	TOWNSVILLE
35+	MALE					2-3 JUN 18	MACKAY
40+	MALE					20-23 APR 18	GC (TBC)
50+	MALE					20-23 APR 18	GC (TBC)

Are you prepared to accept a position other than your preference? YES / NO

Do you hold a valid Blue Card? YES / NO If YES: Card Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Please note: that it is a requirement to hold a Blue Card before taking up any of these positions.

Do you hold one of the following driver's licences? Car / LR / MR / HR (please circle and supply a copy of the licence)

Would you be willing to drive a hire bus to and from the State Championships: YES / NO

Coaching Accreditation Level: Level 1 / Level 2 / Advanced (please circle) Current: YES / NO

Coaching Experience: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I acknowledge that I have read the Code of Conduct, Policy Consumption of Alcohol, and Guidelines and Procedures relevant to the position/s for which I'm Expressing an Interest in and confirm that I accept them.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### Contact Details

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

All completed forms to be returned to RCD ([rcd@ipswichhockey.com](mailto:rcd@ipswichhockey.com)) and IHA Secretary ([secretary@ipswichhockey.com](mailto:secretary@ipswichhockey.com))

**DUE DATE: 15 FEBRUARY 2018**