



# Gosford/Wyong Central Coast State League Team

**COACHING APPLICATION – CLOSSES 5:00pm MONDAY 16 NOVEMBER 2009**

**PLEASE PRINT** (\*\*Mandatory Fields)

NAME:\*\* \_\_\_\_\_ HOME NO: \_\_\_\_\_

EMAIL ADD:\*\* \_\_\_\_\_

ADDRESS: \_\_\_\_\_ MOBILE NO:\*\* \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ DOB: \*\* \_\_\_\_\_

**COACHING QUALIFICATIONS** – Please attach photocopies of all qualifications eg Coaching, Accreditation, Theory Pass First Aid.

DEVELOPMENT (Year Awarded) \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

INTERMEDIATE (Year Awarded) \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

LEVEL 1: (Year awarded)\*\* \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

LEVEL 2: (Year awarded) \_\_\_\_\_ (Expiry Date) \_\_\_\_\_

SECTION 1 THEORY *Mandatory* Year Passed \*\* \_\_\_\_\_ Mark \_\_\_\_\_ %

**OTHER QUALIFICATIONS** (eg. Current First Aid Certificate) \_\_\_\_\_

**UPDATE CLINICS** Attended during current year \_\_\_\_\_

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**COACHING AIMS AND OBJECTIVES** – Please give details what your aims and objectives would be, if you were appointed as coach of a Central Coast State League Team (if insufficient space please attach).

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**Applications to be returned to:**

The Secretary of your Home Association

Gosford – [secretary@gosfordnetball.com.au](mailto:secretary@gosfordnetball.com.au)

Leanne Phillips – 0424 198 352

GNA PO Box 1143 Gosford NSW 2250

Wyong – [chrisanmiles@yahoo.com.au](mailto:chrisanmiles@yahoo.com.au)

Chris Miles – Fax 4975 1276

WDNA PO Box 78 Wyong NSW 2259

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_