



COACHES EXPRESSION OF INTEREST APPLICATION FORM

Name: _____

Address: _____

Phone: _____ Mobile: _____

Email: _____

Please list, in order of preference (number order), the team and/or the names of the children you would like to coach:

FUN NET 5-7 yrs.	JUNIOR 8-12 yrs.	INTERMEDIATE / CADETS 13-17 yrs.	SENIOR 17+ yrs.

Selection Criteria Desirables:

- A minimum of a Foundation National Netball Coach certificate or equivalent i.e. Coaching certificate
- Demonstrated a commitment to gain the above qualification if not already obtained
- Demonstrated coaching experience.
- A current First Aid certificate.
- A valid Working with Children Check

Coaching Accreditation: _____ Expiry Date: _____

First Aid Certificate: _____ Expiry Date: _____

WWC No. : _____ Expiry Date: _____

