**Casual Coaching**

**Personal Details**

Name:
Address:
Email:
Phone:

**Coaching Qualifications**
What courses have you completed and in what year? (Please list below)

|  |  |
| --- | --- |
| **Courses** | **Year** |
| 1. |  |
| 2. |  |
| 3. |  |

Do you have a current state-legislated Working with Children Check? (Or equivalent)

YES / NO

If no, are you willing to obtain one?

YES / NO

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
| AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

What is your mode of transport?

**Availability** (Please tick the boxes when you are available for coaching)