

Coaching Application Forms 2018-2019 Season.

Name:		
Address:		
Home Phon	e: M0	OB:
E-mail Addr	ess:	
Δ		
Do you have	e a Working with Children's	s Check? Yes / No
If yes Numb	er:	Expiry Date: / /
Do you have	e a First Aid Certificate?	Yes/No
Coaching E	xperience:	
-		
-		

All applicants will be interviewed

Applications to be submitted by COB 03/08/2018 to:

pam.dahlstrom@wcba.org.au



List your Level of Qual	ifications?			
Rate in order of importa	ance to YOU. (1 most, 5 least)			
Winning Games: Winning Tournaments: Fun & Enjoyment for you Player Improvement: Coaching Development:	and players:			
List your 3 strengths and 3 weaknesses				
Strengths	Weaknesses			
	n teaching fundamental skills?			



1.	
2.	
3.	
	coaching philosophy? Inise your defence and offence)
	d you like to coach in 2018- 2019?
	d you like to coach in 2018- 2019? Girls / Boy
1 st Choice:	
1 st Choice: 2 nd Choice:	Girls / Boy
1 st Choice: 2 nd Choice:	Girls / Boy Girls / Boy
1 st Choice: 2 nd Choice:	Girls / Boy Girls / Boy



	mornings and one eventings and one eventiments?	r games on Friday nightening. Are you able to
YES:	NO:	UNSURE:
Attend BIGV (games when your team he a year?	nas allocated duty, this
YES:	NO:	UNSURE:
12 Team Conce	epts/Rules:	
40.11.		O
13 How can you	make our program bet	tter?
	make our program be	tter?
eferees:	make our program be	