



2016 CENTRAL COAST WAVES SENIOR REPRESENTATIVE COACHES

Central Coast Waves Basketball is calling for applications for Coaching Positions for the 2016 representative seasons.

Those interested must be willing to make a commitment to the Central Coast Waves Program throughout the 2016 Basketball NSW Representative Season.

Central Coast Waves will pay for registration with BNSW for successful applicants.

Post applications addressed to:

CENTRAL COAST WAVES BASKETBALL
PO BOX 9035, Wyoming NSW 2250

Or by email to:

ccwavesbb@gmail.com

2016 APPLICATION FORM

SURNAME: _____ FIRST NAME: _____

ADDRESS: _____

EMAIL: _____

*Most communications are made via email. Please ensure you have access to email

PHONE: (H) _____ (W) _____ (M) _____

NCAS ACCREDITATION

Level: _____ Number: _____ Expiry: _____

I WISH TO APPLY FOR THE FOLLOWING POSITIONS (in order of preference)

Position (e.g. Coach, A/Coach)	Age (e.g.u12)	Div (1 or 2)	Gender
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

If unsuccessful in obtaining a Head Coach position would you be willing to consider an appointment as a Division 2 or an Assistant Coach?

☐ YES ☐ NO

COACHING/MANAGEMENT HISTORY:

Are you currently being cited by a judiciary and/or banned/suspended from any sporting organisation?

☐ YES ☐ NO If yes, please state sporting organisation: _____

Penalty imposed: _____

APPLICANT'S STATEMENT:

I confirm that the above information that has been provided is correct. I have read and understood the Selection Criteria and Conditions of Appointment. I agree to abide by and carry out the duties, responsibilities and conditions of appointment for any coaching position to which I am appointed.

SIGNED: _____ DATE: _____

Date received:

Staff Member:

Date forwarded to Director of Coaching:

☐ Successful

☐ Unsuccessful

NOMINATIONS CLOSE

Friday 25th September 2015

APPLICANT STATEMENT (Please tick)

- ☐ I agree to register with Basketball New South Wales (Club will pay)
- ☐ I agree to complete a Working with Children form
- ☐ I agree to act in a manner consistent with Basketball NSW and CC Waves Code of Conduct
- ☐ I agree to complete a Basketball NSW Behaviour agreement
- ☐ I agree to complete a Basketball NSW Coaches Agreement form

Name: _____ Signed: _____

Date: ____/____/____