**Coach Application Form**

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| --- | --- | --- | --- |
| **Name:** |  | **Blacktown Workers Members Number** |  |
| **Address:** |  | **Post Code:** |  |
| **Phone (h):** |  | **Phone (m):** |  |
| **Email:** | **Do you have a Valid Working with** **Children Number** |  |
| **Birth Date:** |  | **Sex:** |  **M / F** | **Year Last Coached**  |  |
| **Number of Years Coached at Blacktown Workers Soccer Football Club:** |  |

**Team Applying to Coach (In Order of Preference):**

|  |  |  |  |
| --- | --- | --- | --- |
| **1. Age Group:** |  | **Division:** |  |
| **2. Age Group:** |  | **Division:** |  |
| **3. Age Group:** |  | **Division:** |  |

**Qualifications/Experience:**

(a) Do you hold a current FFA accredited coaching license? Yes / No

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If Yes, Level: |  | ID No.: |  | Expiry Date: |  |

(b) If you do not already hold a current FFA accredited coaching license, would you be interested in obtaining the Junior license qualification if arranged by the club? Yes / No

(c) Please attach a copy of any current coaching certificate / license you hold.

(d) Please attach a brief written summary of previous coaching experience outlining club, year, age and division coached.

**Disclaimer: (Coach to Sign if 18 Years of Age or Over / Parent to Sign if Coach is under 18 Years of Age)**

1. I will not hold the Club responsible for any injury sustained during the course of travelling to or from or participating in any competition, trial, social game or training session whilst representing BWSFC Inc.
2. As a member of BWSFC Inc, I agree to make myself conversant with and abide by the rules of the Club.
3. I understand that information collected herein is for use of the BWSFC Inc. only and will not be used for any other purpose unless I agree otherwise.
4. I give permission for photos of me to be published in the newsletter and website unless indicated. No Photos

**Coach or Parent Signature: Date**:

**Official Club Use Only:**

Photograph Taken: Documents Attached:

Working with Children number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Copy Attached: Yes or No

Verified by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Team Age Group: |  | BWSFC Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |