



APPLICATION / AGREEMENT

To be completed by all ISV State Netball Coaches, Managers, Trainers and Umpires

1. I hereby make my application for the following State Team position. (You may mark more than one position. If so, indicate by numbering the order of your preferences with '1' being the most preferred, '2' second preference, etc.)

COACH: 21/U Ladies 21/U Men Open Ladies Open Men Open Mixed

SPORTS TRAINER: UMPIRE:

2. FIRST NAME: SURNAME:

3. ADDRESS FOR CORRESPONDENCE: P/Code.....

EMAIL:

PHONE NO: (hm) (wk) (mob).....

4. AGE:..... DATE OF BIRTH:..... GENDER:

5. State name of ISV affiliated Club/Centre you are currently involved with:

6. Initial the box to indicate you have checked you are available on the competition dates:

7. Initial the box to indicate you understand you are required to cover your own health costs if injured during training, playing or carrying out official duties:

8. NEXT OF KIN IN CASE OF EMERGENCY:

First Name: Surname:

Address for Correspondence:

Phone No: (Hm)..... (Wk)..... (Mob).....

9. MEDICAL BACKGROUND: Please state if you are subject to any medical treatment or physical ailment that Indoor Sports Victoria should be aware of in the event of sudden illness or injury (e.g. asthma, special diet, travel sickness, diabetic).

10. Give relevant qualifications, experience and reasons for wanting to be considered. Attach resume and/or references. Attach separate sheet if more space is required. (Trainers – attach copies of certificates/qualifications) (All persons with an official role within ISV must have a current Working With Children and a copy must be supplied within 3 weeks of appointment)

11. (UMPIRES ONLY)

Tick the box to indicate you have completed the ISV Umpires Theoretical Exam and passed

Tick the box to indicate you are regularly umpiring ISV Majorleague and/or Superleague competition (minimum 75% of games)

12. AGREEMENT: I hereby acknowledge that I am bound by Indoor Sports Victoria's rules applying to the selection, preparation and management of State Teams and agree to abide by them.

SIGNATURE: DATE:

SEND TO: isvstatenetball@hotmail.com or PO Box 402 Dingley Village 3172 by close of business Friday 2nd March 2018

ANY QUERIES TO: Penny Forrest – isvstatenetball@hotmail.com or 0419 001 201