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 **COACH OR TEAM MANAGER APPLICATION FORM**

**Private and Confidential**

FAMILY NAME/

SURNAME: MR MRS MISS MS DR

FIRST NAME:

ADDRESS : SUBURB: POSTCODE:

TELEPHONE Private: Business: Mobile:

E-MAIL ADDRESS: DATE OF BIRTH:

**VERIFICATION OF WORKING WITH CHILDREN CHECK**

Are you able to provide Proof of your Working with Children Check: YES / NO

Are you Over 25 years of age and have a Drivers Licence YES / NO

**COACH OR TEAM MANAGER POSITION APPLYING FOR**

1st Preference: Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2st Preference: Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2st Preference: Role \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFEREE DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| REFEREE NAME | POSITION | COMPANY OR SPORTING ORGANISATION | CONTACT NO. |
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I certify that the information given on this form is true and correct. I give permission to Indoor Sports Victoria and their appointed representative(s) to contact the references provided above, and to pass all relevant information given To the selection Panel if requested. All information shall remain confidential as per the Privacy Act 1988.

Please attach a 1 to 2 Page Applicant Overview or email overview with this document.

**APPLICANT SIGNATURE** **DATE**

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