

Coach/Assistant Coach Selection Application

Associa	ation/Club name	:				
Name	of coach:					
Addres	ss:					
City: _			Province:	Postal Code:		
Phone (Residence):			Phone	Phone (Business):		
Team :	Selection					
		ritizing the level in w get, Juvenile, Junior A		to coach. (Levels i.e. Nov	ice, Atom,	
1		2				
3		4				
lf your	choices are not	available, would you	ı accept a different p	oosition?		
	Yes					
	No					
Nation	al Coaching Cer	tification (please fill	out all applicable a	reas)		
Techni	cal/Practical Cer	tification				
Old NC	ССР			New NCCP		
	Coach	Year Attained:		🗆 Coach	Year:	
	Intermediate	Year Attained:		Development 1	Year:	
	Advanced I	Year Attained:		Development 2	Year:	
	Advanced II	Year Attained:		High Performance 1	Year:	
				□ High Performance 2	Year:	



Old NC	CP - Theory			
	Level I Level II Level III	Year Attained Year Attained Year Attained	:	
Previo	us Experience	5		
Year	Team//	Association	Category	Position
What i	s your coachi	ng philosophy? (At	ttach sheet if necessa	ry)

Coaching Resume

Please attach your personal resume, reflecting your coaching experiences and any other information which is not detailed in this application (i.e. employment, playing experiences, other interests, etc...). Please provide detailed information on all members of your intended coaching staff. Any additional information pertaining to the following would also be appreciated.

What would be some	of your anticipate	d tournaments, etc?
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What are your team initiatives, objectives and goals?



References: (Please list three refe	erences i.e. parents, professionals).		
Name:			
City:	Province:	Postal Code:	
Phone (Residence):	Phone (Busin	Phone (Business):	
Address:			
City:	Province:	Postal Code:	
Phone (Residence):	Phone (Business):		
Name:			
City:		Postal Code:	
Phone (Residence):	Phone (Busin	Phone (Business):	

Screening

The "enter association" is committed to reducing harassment, abuse and bullying in our programs. As a priority we are screening volunteers and staff to ensure the highest quality of personnel to support our programs and create a friendly and welcoming environment for our participants. Some positions require additional screening.

Please be advised that your position may require a criminal records check and a vulnerable person's check.

Do you wish to disclose any previous record(s) of offences?

□ Not applicable □ No □ Yes

Official Charge Date of Conviction _____

Disclosure or discovery of a previous record of offence may be considered in the person's application for position within the *"name of association"*. Based on the circumstances of the record, a person may be excluded from participation within the *"name of association"*.

I hereby acknowledge that the information provided above is accurate to the best of my knowledge. I hereby consent to a member of "**name of association**" contacting the references listed above.



Signature		

Date _____

Personal information used, disclosed, secured or retained by *"name of association"* will be held solely for the purposes for which we collected it and in accordance with the National Privacy principles contained in the Personal Information Protection and Electronic Documents Act as well as "name of association" own Privacy Policy.