



Manning Valley Hockey Association
REPRESENTATIVE POSITION NOMINATION FORM

[For Field and Indoor]

I would like to nominate for the position of:

| | | |
|---------------------------------------|---|--|
| Coach <input type="checkbox"/> | Manager <input type="checkbox"/> | Selector <input type="checkbox"/> |
|---------------------------------------|---|--|

Every member wishing to be considered for selection must submit a Nomination Form. This form can be obtained from Manning Valley Hockey Association's Web Page in 'Forms' Section. When completed it can be given to the Manning Valley Hockey Association Junior Division Assistant Secretary or put in Junior Division Correspondence Box at the Taree Hockey Centre Clubhouse. Nomination Forms that are emailed must also have the signed hard copy mailed to the above address.

DETAILS

Personal Details:

Name _____ :
[Please Print]

Address: _____

Phone: Home Official Work Mobile

Parent Name Phone No Mobile

(If official is under 18 yrs)

Email Address

Parent Email (If official is under 18 yrs)

Representative Team Nominating For:

Coaching Accreditation Level:

Is Your Accreditation Current? Y/N

Previous Representative or Relevant Experience:

CLUB / STATE / CHS / PSSA [Please Circle]

1. Summary of Relevant Coaching Experience (dot points).

1. Summarise the relevant skills/knowledge/attributes you bring to the position

Skills

Knowledge

Personal Attributes

| | | |
|---|-----|----|
| Do you have a current Working With Children (WWC) Check? | Yes | No |
| My WWC Number is: | | |
| Are you willing to undergo a Police Check? | Yes | No |

Applicant's Declaration

I hereby submit my application for Coach / Manager/ Selector [Please circle position that you are applying for] and declare that everything contained in this application is a true and accurate record to the best of my knowledge.

Name of Applicant:

Signature of Applicant:

Signature of Parent if applicant is under 18

Date:

For Office Use Only

Date Received:

Officials
Name:

Position: