



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"/>
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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, emailed to the Association Secretary or posted to PO Box 315 Taree.

DETAILS

Personal Details:

Name _____
[Please Print]

Address: _____

Phone: Home _____ Official Work _____ Mobile _____

Parent Name _____ Phone No _____ Mobile _____

(If official is under 18 yrs)

EmailAddress _____

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: