

Coach/Manager Selection Application

Name: _____ Club: _____

Address: _____

City: _____ Postal Code: _____

Phone (h) _____ (w) _____ (c) _____

Email: _____

Team Selection:

1st Choice: _____ 2nd Choice: _____

(Category; WCSG, CSG, Tri-Province, Midget or Youth)

If these choices were not available, would you accept a different position: ___ Yes ___ No

National Coaching Certification (please complete all applicable areas)

OLD NCCP Technical/Practical Certification

NEW NCCP Trained

Level I	Yr	Run Jump Throw	Yr
Level II	Yr	Sport Coach	Yr
Level III	Yr	Club Coach	Yr
Level IV/V Modules	Yr	Competition Dev	Yr

Theory

Certified

Level I	Yr	Run Jump Throw	Yr
Level II	Yr	Sport Coach	Yr
Level III	Yr	Club Coach	Yr
Level IV/V Modules	Yr	Competition Dev	Yr

	Theory
Competition Dev	Yr

Past Coaching/Managerial Experience

Year	Team	Event	Position

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What is your coaching philosophy?

References (Provide three references (ie; Athlete 18 & over, parent, professional))

Name: _____

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Phone (h) _____ (w) _____ (c) _____

Email: _____

Date: _____ Signature: _____