**Nomination Form**

**For**

**Coaches / Managers**

**For Gladstone Representative Teams for the 2017 Season**

I, , wish to nominate for the following position/s:

My preferences are: (Please circle the to nominate for a position, circle which team and indicate preferences using numbers if required.)

## Coach Manager Team Preference

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Under 11 | Male |  |  | Team No: 1 |
|  | Female |  |  | Team No: 1 |
| Under 13 | Male |  |  | Team No: 1 |
|  | Female |  |  | Team No: 1 |
| Under 15 | Male |  |  | Team No: 1 |
|  | Female |  |  | Team No: 1 |
| Under 18 | Male |  |  | Team No: 1 |
|  | Female |  |  | Team No: 1 |
| Open | Male |  |  | Team No: 1 |
|  | Female |  |  | Team No: 1 |
| Vets | Male |  |  | Age: 35+ / 40+ / 45+ / 50+ |
|  | Female |  |  | Team No: 1 / 2 / 3 |

* **Are you prepared to accept a position other than your preferences? YES / NO**

Do you hold a Blue Card? **YES / NO** If YES: Card Number: Expiry Date:

***Please note: It is a requirement to hold a Blue Card before taking up any of these positions (excluding Vets).***

Coaching Accreditation Level:

Would you be willing to attend a Level 1 Coaching Course: **YES / NO**

 Coaching Experience:

**I acknowledge that I have read the Code of Conduct, and Guidelines and Procedures relevant to the position/s for which I am nominating and confirm that I accept them.**

Signed: Date:

Contact Details: Phone – Home: Mobile:

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All completed nomination forms to be emailed to the GHA Secretary (gladstonehockey@gmail.com) or handed into the Secretary