



BLC COACHING/TEAM MANAGEMENT – NOMINATION

YEAR **2017**

NAME

ADDRESS

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

EMAIL

I AM INTERESTED IN: (Tick which applies)

- Coaching Assistant Coaching Team manager

Team: (Tick which applies)

- Senior Men's Senior Women's Junior Men's Junior Women's

Team Name: (Tick which applies)

- State League A Grade Under 17's Men's Under 17's Women's
 Division 2 A Reserve Under 15's Men's Under 13's Women's
 Division 3 B Grade Under 13's Men's Under 9's Women's
 Under 11's Men's Modcrosse

Coaching Accreditation Course Completed & Valid:

- Yes No Will need to enrol for 2017

Have you previously Coached/Team Managed at Bayswater:

- Yes No Team _____ Year/s _____

Briefly outline experience/qualification for position.

Please note that all Junior Coaches and Team Managers representing Bayswater Lacrosse Club will need to hold a valid Working with Children Card prior to commencing in any official role. All positions will not be approved without proof of application. Please attach a copy of the WWC application receipt or copy/scan of WWC Card with this EOI.

(Club Manager, Paula Olofsson, will need to sign applications for volunteer status, all volunteer application costs will be reimbursed by the Bayswater Lacrosse Club upon receipt) :

- Working with Children Card Copy/Receipt attached.

WORKING WITH CHILDREN CHECK Receipt or Number _____ Exp: _____

SIGNED _____

DATE _____

Please email scanned copy to blc.clubmanager@hotmail.com by Tuesday 31st January 2017. All enquiries please contact Paula Olofsson, 0405285155 or blc.clubmanager@hotmail.com

**PLEASE ATTACH A PHOTOCOPY OF YOUR
WORKING WITH CHILDREN CARD**