DAPTO NETBALL CLUB	Dapto Netball Club INC
	Assistant Coach Application Form

Surname:		First name:		
Address:		Suburb:	Postcode:	
Phone:		Email:	D.O.B:	
Any special needs	/medical conditions: Yes /	′ No		
If yes, please provide	e details (optional):			
If yes, is there anyth	ing the club needs to be awa	re of or can do to help assist you	fulfil a coaching role:	
Emergency contac	t			
Name:		Relationship:		
Phone:				
If you are 18 YEA	RS and OVER – Mandator	Y		
Working with Children Number: Expiry Date:				
If no, are you interes Previous assistant	ed the foundation coaching sted in completing the found coach/coaching experien m name, coaches name, g	ation course: Yes / No	tion.	
Assistant coach pr	eferences			
1 st preference:	TEAM/COACH:	GRADE:		
2 nd preference:	TEAM/COACH:	GRADE:		
		ntee appointment to the nomina tee is responsible for the appoin	ated team or coach. Furthermore, tment of assistant coaches.	
		ducts, policies, regulations and g Il NSW, Netball Australia and spo	uidelines related to the Dapto Netball ort in general.	
I understand that I a	m responsible for registering	on MyNetball and maintaining a	a current working with children check.	
Signed:		Date:		
	gn if applicant is under the age c			
Please send your application with all relevant documentation to – daptonetball@outlook.com				