



**Basketball Northern Territory  
Coach Accreditation Update Form**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Pcode: \_\_\_\_\_

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

NCAS ID # (If known): \_\_\_\_\_

Level (Please circle): No Accreditation                      One                      Two                      Three

Address when last registered (if different from above):  
\_\_\_\_\_  
Pcode: \_\_\_\_\_

Previous name (if last registered under a different name):  
\_\_\_\_\_

Please tick the coaching activities you have been involved with over the past twelve months:

- Coaching a team
- Mentoring other coaches
- Attending updating workshops (any of the elite coach's clinics in the NT)
- Working with a senior coach
- Attending coaching workshops
- Other

Please provide detail of your involvement in the activities ticked above:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Verification:  
I agree that the activities listed above have been completed by this coach over the past 12 months.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
Name(print): \_\_\_\_\_ Position: \_\_\_\_\_

NOTE: The verification must be signed by one of the following people.  
Coach you mentored, Club Head Coach, Association President, BNT Coaching Coordinator

**PLEASE ENSURE THAT YOU SIGN THE COACH'S CODE OF ETHICS AGREEMENT FORM AND SEND WITH THIS FORM AND A \$15.00 UPDATING FEE (incl. GST) TO BASKETBALL NT.**  
Enquiries: Please contact BNT (08)8945.3761 [www.nt.basketball.net.au](http://www.nt.basketball.net.au)



**Coach's Code of Ethics**  
**Agreement Form**

for registration or re-registration to the  
National Coach Accreditation Scheme (NCAS)

I, \_\_\_\_\_ (Full Name) of \_\_\_\_\_

\_\_\_\_\_ (Address)

**am seeking registration / re-registration (please circle) for the following National Coaching Accreditation Scheme qualification:**

Level: \_\_\_\_\_ Sport: \_\_\_\_\_

**I agree to the following terms:**

1. I agree to abide by the Coach's Code of Ethics overleaf
2. I acknowledge that Basketball Australia/Basketball Northern Territory responsible for accreditation of coaches in the sport listed above may take disciplinary action against me, if I breach the code of ethics. (I understand that Basketball Australia/Basketball Northern Territory are required to implement a complaints handling procedure in accordance with the principles of natural justice, in the event of allegation against me).
3. I acknowledge that disciplinary action against me may include de-registration from the National Coaching Accreditation System.

Please refer to the *Harassment-free Sport Guidelines* form the Australian Sports Commission or contact Basketball Australia/Basketball Northern Territory, if you require more information on harassment issues.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (If under 18): \_\_\_\_\_

Date: \_\_\_\_\_

- Provide a modified training program where appropriate.
- Allow further participation in training and competition only when appropriate.
- Encourage athletes to seek medical advice when required.
- Maintain the same interest and support toward sick and injured athletes.