APPLICATION FORM 2016-2017





Applicants Details

| SURNAME: | FIRST NAME: |
|--|--|
| ADDRESS: | |
| | POSTCODE: |
| EMAIL ADDRESS: | |
| PHONE: Home: | Work: |
| Mobile: | Fax: |
| NCAS ACCREDITATION | NCAS #: |
| LEVEL: | EXPIRY DATE: |
| BLUE CARD NO: | EXPIRY DATE: |
| ARE YOU A CURRENT MEMBER | OF IPSWICH BASKETBALL? |
| Yes | No No |
| CURRENT CLUB or SCHOOL ASS | OCIATED WITH: |
| Are you currently coaching in an age | group you are applying for? |
| Yes | No |
| FIRST AID QUALIFICATIONS: Yes | OPR No QUALIFICATIONS: Yes No |
| List any other qualifications or study | that you feel will support your application: |
| | |
| | |
| | |
| I have read and understood the Coach | ing Staff Application Information 2016-2017 booklet: |
| Yes | No No |
| | Initial: |



I wish to apply for the following position (s)

(in order of preference)

| | TEAM | REASON FOR PREFERRED TEAM | |
|--|---------------------|---------------------------|--|
| (eg. Head Coach) | (eg. Under 12 Girls | | |
| | Force) | | |
| 1. | | | |
| | | | |
| | | | |
| 2. | | | |
| | | | |
| | | | |
| 3. | | | |
| | | | |
| | | | |
| 4. | | | |
| | | | |
| | | | |
| | | | |
| If unsuccessful in obtaining a Head Coach position would you be willing to consider | | | |
| an appointment as an Assistant Coach even if you have not indicated this position in | | | |
| | | | |
| your options above | e. Yes | No | |

CONFLICT OF INTEREST

Applicants must declare if they have a "Conflict of Interest" with any of the players who are eligible for selection in the age group and gender in which they are making the application.

A conflict of interest is defined as a person who has a relationship with a player in the age group, which may affect their ability to apply the players selection objectively and allocate court time appropriately at BQJBC or QLD State Championships. This conflict of interest could be that the applicant:

- 1. Is a relative of a player (father, mother, brother, sister, etc.) who is eligible for selection in the age group and gender in which the application is being made;
- 2. Has a personal relationship (eg. a personal friend of the family) with a player or players in the age group and gender in which the application is being made;

| T 1.1 1 | | |
|----------|--|--|
| Initial. | | |

| the selection of applic transparency and fairn | ants and decide an appropriateness. | course of action to ensure |
|---|--|--------------------------------------|
| Please state if you hav | ve any conflicts of interest in re | elation to your application. |
| | | |
| | of the Selection Panel may be yledge please complete the fo | familiar with your relevant llowing: |
| Position/Role | Program/Team | Contact Person (Role) |
| (eg. Head Coach) | (Assoc./Club/Age/Gender) | Bob Citizen (Dir. Of Coaching) |
| | | |
| | | |
| | | |
| | | |
| past three (3) years the courses, clinics, confe | | 1 |
| | | |
| | | |
| | | Initial: |

NOTE: A conflict of interest does not prevent a coach being appointed to an age group, it is simply an acknowledgement. The selection panel will assess each

application identifying a conflict of interest on a case-by-case basis when determining



Please provide the details of two references to support your application

| NAME | POSITION | CONTACT NUMBER |
|------|----------|----------------|
| 1. | | |
| | | |
| 2. | | |
| | | |
| | | |

I confirm that the above information I have provided is true and correct. I have read and understood the "Coaching Staff Application Information 2016-2017 Booklet" and I agree to abide by and carry out the position for any coaching position to which I am appointed.

I agree to comply with the requirements of the Commissioner for Children and Young People Act QLD, 2000, which incorporate recent Acts of Parliament passed in QLD. I agree to mandatory screen through appropriate government approved screening agencies and understand that I must have a clear screen report to be appointed to an Ipswich Basketball coaching position. I am not a prohibited person, (A prohibited person is any person who has a criminal record in relation to child abuse and sexual assault, apprehended violence orders related to child protection or has had relevant disciplinary action related to child protraction taken against them).

| ngnature of Applicant Date | Signature of Applicant | Date |
|----------------------------|------------------------|------|
| | Signature of Applicant | Date |
| | | |

Chock List



| Initialled four (4) pages of "Coaching Staff Application 2016-2017 | |
|--|--|
| Booklet" and attached | |
| Fully completed all sections of "Application Form" | |
| | |
| Signed and initialled four (4) pages of "Application Form" | |
| | |
| Attached any relevant information for Selection Panel | |
| | |

| Initial | • | | |
|---------|---|--|--|