

# WABL COACHING APPLICATION FORM

2016 BWA STATE CHAMPIONSHIPS / 2017 WABL SEASON



NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CONTACT NO: \_\_\_\_\_ (Home) \_\_\_\_\_ (Work)  
\_\_\_\_\_ (Mobile)

E-MAIL: \_\_\_\_\_

POSITION APPLIED FOR:	GIRLS		BOYS	
	(Coach)	(Ass Coach)	(Coach)	(Ass Coach)
Under 12-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 12-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 12-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 14-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 14-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 14-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 16-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 16-2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 16-3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 18 Div 2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 18 Div 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Under 20's	N/A	N/A	<input type="checkbox"/>	<input type="checkbox"/>

COACHING ACCREDITATION: ☐ None ☐ Level 0 ☐ Level 1 ☐ Association Coach

**WOULD YOU BE INTERESTED IN COMPLETING FURTHER COACHING ACCREDITATION COURSES?**

☐ Yes ☐ No

**WHAT IS YOUR PREVIOUS COACHING HISTORY**

**(Note: Lack of experience should not deter your application)**

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**DESCRIBE YOUR STYLE OF COACHING?**

**(Motivator / Aggressive / Passive etc)**

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**DESCRIBE YOUR PREFERRED STYLE OF OFFENSE?**

**(Motion / Structure / Free Play etc)**

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**DESCRIBE YOUR PREFERRED STYLE OF DEFENSE?**

**(Man on Man / Zone / Press etc)**

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**WHAT DO YOU SEE AS YOUR STRENGTHS AS A COACH?**

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**WHAT DO YOU SEE AS YOUR WEAKNESSES AS A COACH?**

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**NOTE: YOUR ANSWERS TO THE ABOVE QUESTIONS WILL BE USED BY THE SELECTION COMMITTEE TO ASSIST US IN DETERMINING WHO WOULD BE THE BEST CANDIDATE FOR EACH RESPECTIVE TEAM. ALL RESPONSES WILL BE HELD IN THE STRICTEST OF CONFIDENCE AND WE ENCOURAGE ALL APPLICANTS TO BE AS OPEN AND HONEST AS POSSIBLE TO ASSIST US IN THE SELECTION PROCESS.**

**ALL APPLICANTS, BOTH SUCCESSFUL AND UNSUCCESSFUL, WILL BE NOTIFIED OF THE OUTCOME OF THEIR APPLICATION ON THE CLUB WEBSITE ON Monday 19<sup>TH</sup> September 2016.**

## **CRITERIA REQUIRED FOR REPRESENTATIVE COACHES**

*Successful applicants must agree to fulfil the following criteria:-*

- **Maintain a commitment to the Rockingham Basketball & Recreation Association Inc (RBRA) Representative Program including all coaching and training requirements.**
- **Continue to seek knowledge and enhance your skills as a coach and attend any coaching programs that the association may provide from time to time including development training sessions.**
- **Attend RBRA's Domestic Competitions and identify potential representative players.**
- **Attend the WABL open trials on a day to be set aside by RBRA in early 2017.**
- **Focus on improvement and development of all players under your guidance.**
- **Follow the RBRA dress code for players, coaches, assistant coaches and managers.**
- **Produce a current "Working with Children Card", if required.**
- **Agree to the RBRA Coaches Code of Behaviour and sign the Coaches Code of Conduct and Flames Representative Handbook.**
- **Demonstrate and promote respect towards referees, opponents, coaches and officials.**
- **Provide a brief profile on your background to be used for communication purposes to the club's members.**
- **Assist the Club in abiding by and enforcing all Club Policies whilst supporting the Club's Strategic goals.**

**Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/ 2016**

**ALL APPLICATIONS MUST BE SIGNED AND RETURNED TO WABL DIRECTOR JO BEARD  
BY 5:00PM Friday 19<sup>th</sup> August 2016.**

**APPLICATIONS MAY BE RETURNED EITHER BY HAND TO JO BEARD OR CADY JORGENSEN OR VIA  
EMAIL TO: [jobeard@westnet.com.au](mailto:jobeard@westnet.com.au) OR [admin@rockinghamflames.com.au](mailto:admin@rockinghamflames.com.au)**