**Morningside Panthers Junior AFC**

**2017 Coaching Application Form**

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| **Name:** |  | | | | | | | |
| **Address:** |  | | | | | | | |
| **Email:** |  | | | | | | | |
| **Phone:** | **Bus:** | | | **A/H:** | | **Mobile:** | | |
| **Please indicate the Age Group you are applying to coach:** | | | | | | | | |
| * Under 6 * Under 8 | | * Under 9 * Under 10 * Under 11 | | | * Under 12 * Under 14 | | | * Under 16 |
| **Which position/s are you interested in?** | | | | | | | | |
| * Coach | | | * Asst Coach | | | * Age Group Coach | | |
| **Do you have previous coaching experience? Yes / No**  If Yes, please give details: | | | | | | | | |
| **Give a brief description of your coaching philosophy:**  (Please attach any further documentation you feel appropriate to further detail your approach to coaching) | | | | | | | | |
| **Do you have a current AFL Coaching Accreditation? Yes / No**  **If yes:** Level: Expiry Date: / /  (If no qualification is currently held, you will be required to complete at minimum a Level 1 Coaches Course prior to the commencement of the season. Any fees will be paid by MJAFC.) | | | | | | | | |
| **Do you have a current Working with Children Blue Card? Yes / No**  **If yes:** Card No: Expiry Date: / /  (If a Blue Card is not currently held, an application must be made prior to the commencement of pre season training.) | | | | | | | | |
| * I have read and signed the Coaches Guiding Principles Agreement, and agree to abide by those principals. * I have attached any further documentation I feel will assist the coaching panel in assessing my application. * I will be available 2 weeknights per week for coaching, and weekend game days. | | | | | | | | |
| **Signature:** | | | | | | | Date: | |