**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.
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| **Signature:** | Date: |