

WESTS JUNIORS AUSTRALIAN FOOTBALL CLUB

**COACHING APPLICATION FORM**

Please complete and return to the Club Secretary westsjuniors@aflbj.com

*No experience necessary for U6-U10 – Experience preferred for U11 and above*

|  |  |
| --- | --- |
| **Applicant Name:** | Enter text here |
|  |  |  |  |  |
| **Phone:** | Enter mobile number here | (Mobile) | Enter other number here | (Other) |
|  |  |
| **Email:** | Enter text here |
|  |  |
| **Season:** | Enter year here |
|  |  |
| **Age group or team nominating to coach:** | Enter text here  |
|  |  |
| **Do you have a child/s at Wests Juniors:**  | Enter Yes or No  |
|  |  |
| **If Yes, what age group/s:**  | Enter text here  |
|  |  |
| **Do you have a current coaching qualification:**  | Enter Yes or No  |
|  |  |
| **If Yes, what coaching level?** | Enter text here  |
|  |  |
| **Do you have a current Blue Card:** (place ‘x’ in box) | Enter Yes or No  |
|  |  |  |  |  |
| **If Yes, please provide Blue Card number:** | Enter text here  |
|  |  |
| **Please outline any relevant experience:** |  |
| Enter text here  |
| I declare that the information contained in this application is true and correct. |
| Signature: | Date: Enter date here |