

WESTS JUNIORS AUSTRALIAN FOOTBALL CLUB

**COACHING APPLICATION FORM**

Please complete and return to the Club Secretary [westsjuniors@aflbj.com](mailto: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 | | | | | | | |