

Name:			
Address:			
Mobile:		Date of Birth:	
Email:			
WWCC#:		WWCC Expiry Date	:
Previous playing ex	perience:		
Previous coaching	experience:		
second preferences)	select the team you	ı wish to coach? (plea	ase indicate first or
Under 12 Boys		Under 16 Boys	
Under 12 Girls		Under 16 Girls	
Under 14 Boys		Under 18 Boys	
Under 14 Girls		Under 18 Girls	
If you are unsucces considered for any Please circle YES	other team	of team; would you	ike to be
•			

Why have you selected the age group indicated, and why are you the best person to coach this age group?			

Please be aware that you may not necessarily get your first preference.

Trials dates will be confirmed after confirmation of coach positions.

All coaches will be required to conduct a team meeting, with parent and players, at the first training session for the season. The meeting must cover tournament dates, what you are trying to achieve for the season, player commitment and expectations, playing time.

All coaches a Working with Children Check and must have a minimum Club Coaching Accreditation Level 1.

Please send expressions of Interest to:

Portland Basketball Association Private & Confidential Mr Josh Nash Board of Management PO Box 730 Portland 3305

Or email nashphotography@bigpond.com