

Rockhampton Junior Basketball 2015-2016 Representative Team Manager Application Form

The RBI Junior Committee would like to call for nominations for Team Manager positions for the 2015/2016 Junior Representative Season.

Our Representative program has continued to develop over time and we are looking to build on this in 2015/2016 by selecting a number of high quality people into the team manager's positions.

The Association looks to support the Representative Program by helping offset some expenses incurred by Officials, Coaches, Assistant Coaches and Managers.

To apply, please fill in the application form and return to the RBI office. Please note <u>applications close 4.00pm Friday 11th September 2015.</u> Applications will then be considered by a selection panel nominated by the Junior Committee, who will then be responsible for short listing, interviewing (optional), and making final selections.

Manager Selection Criteria

- Demonstrated ability to communicate with athletes, parents, coaching staff and the Junior Committee.
- Demonstrated organizational skills in the co-ordination of athletes, parents and coaching staff.
- Willing to attend all representative meetings, commitments, and competitions.
- Be responsible for the welfare and conduct of all team members ensuring there safety and well being are of the highest priority.
- Display a positive attitude.
- Display ability to work with and under the direction and guidance of the Junior Committee.
- Possess or be willing to obtain a Suitability Card for the Commission for Children and Young People Act.

Applications close on Friday 11th September 2015. Please return form to the RBI office in a sealed envelope.

For further information please contact: Debbie Wessling: 0408 733 826



Rockhampton Junior Basketball 2015-2016 Representative Team Manager Application Form

Name:				
Address:				
			Post Code	e:
Email:				
Telephone:W: (07)	H: (07)		M:	
I am interested in m season.	nanaging a Rockhampt	on Junior Team fo	or the 2015/2016 Re	presentativ
My preferred age gr	oup is:			
	Team (eg. U12 Boys)		Team (eg. U14 Girls)	
First Preference		Second Preference		
Please provide details	:		Yes 🗌	No 🗌
Do you have a 'Worki	ng with children' suitabil	ity card (blue card)	?* Yes 🗌	No 🗌
Blue Card Name on Ca	ard			
Blue Card No #		Expiry Da	ate	
What key attributes w	vould you bring to our ju	nior representative	program?*	_
Signature:		Date: .		

*If insufficient space to complete please attach additional page.