



COACH APPLICATION FORM

NELSON BAY TOUCH ASSOCIATION
 PO BOX 492, NELSON BAY NSW 2315
 NELSONBAYTOUCH@HOTMAIL.COM

Name _____

Address _____

Phone _____

Email _____

Coach Level _____

Any other Courses Selectors/Referees: _____

Please circle/highlight the team below you wish to apply for:

JUNIORS

BOYS 10 YEARS	GIRLS 10 YEARS
BOYS 12 YEARS	GIRLS 12 YEARS
BOYS 14 YEARS	GIRLS 14 YEARS
BOYS 16 YEARS	GIRLS 16 YEARS
BOYS 18 YEARS	GIRLS 18 YEARS

SENIORS

MENS UNDER 20s	WOMENS UNDER 20s
MENS OPEN	WOMENS OPEN
MENS OVER 30s	WOMENS OVER 30s
MENS OVER 35s	WOMENS OVER 35s
MENS OVER 40s	WOMENS OVER 40s
MENS OVER 45s	
MENS OVER 50s	

MIXED

MIXED OPEN	SENIOR MIXED
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PLEASE NOTE: As stated in the NBTA Coaching/Selection Policy

The NBTA will place applicants into coaching/managing positions that best suit the needs of the club.



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1. Completion of observations on other coaches or completed observations on own performance.	
2. Club Teams that have been coached (or managed) in the preceding four years.	
3. Representative teams that have been coached (or managed) in the preceding four years, including competitions.	
4. Number of training sessions undertaken for each of the above teams.	
5. Attendance at Coaching Courses as a course presenter or an assistant, detailing course dates and levels.	
6. Undertake coach instruction for 'AusTouch' or other such programs.	
7. Any other activities/skills/qualifications that are seen to maintain coaching or presentation skills; or manager and organisational skills.	



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For Managers to complete;

If selected/appointed as a Team Manager for NBTA I agree that I will comply with NBTA requirements as specified by the Representative Co-ordinator and Executive Committee and also agree to abide by the NBTA Managers Code of Conduct and requirements as specified by NSW Touch and Hunter Hornets.

Manager Name _____

Manager Signature _____

Date ____/____/____

“Play by the Rules” course certificate attached;

Yes / No / Previously Provided

“Working with Children declaration” attached;

Yes / No / Previously Provided (Annual)

Copy of Qualification / Certificate attached:

Yes / No / Previously Provided