



COACHES NOMINATION FORM

Surname: _____ **First Names:** _____

Date of Birth: _____ **Wests Member No:** _____

Address: _____

Phone No: _____ **Medicare No:** _____

Email: _____

Team/Age Requested: _____

Reasons: _____

Experience /Qualifications: _____

Working with Children Check Number: _____

Expiry date: _____

Are you a affiliated with West Netball Club: **Yes / No**

Note: Wests Netball Club Committee will accept all applications for Coaches for 2018 and will assess suitability for all grades and advise all applicants as soon as possible.

All successful coaches will be required to attend nominated coaching courses/or coaching days where possible.

Signature: _____ **Date:** _____