



## 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 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:** \_\_\_\_\_