



# SUNSHINE COAST CHURCHES SOCCER ASSN

## S.C.C.S.A. Representative Coach Application 2021 season

### Applicant Information:

Surname: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Given Names: \_\_\_\_\_

Email: \_\_\_\_\_

Residential Address: \_\_\_\_\_

### Coaching Interest:

Preference 1

Preference 2

Age Group: \_\_\_\_\_

Age Group: \_\_\_\_\_

Will you have a child trailing in this age group?

Yes / No

### Qualifications:

Do you hold Coaching Accreditation?

Yes / No

Type \_\_\_\_\_

Do you hold First Aid Qualifications?

Yes / No

Do you hold a current working with Children Blue Card

Yes / No

Number \_\_\_\_\_ Exp \_\_\_\_\_

### Experience:

Please give a brief description of any soccer and coaching experience you have had, including any playing experience.

.....  
.....  
.....  
.....

Please give a brief outline of what you hope to achieve as a coach of one of our teams.

.....  
.....  
.....

Courses or further relevant education you wish to undertake.

.....

### Referee Details:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

*I agree to attend all training, carnivals and tournaments as set out by SCCSA.*

*I agree to attend Representative Meetings as set out by SCCSA*

*I agree to uphold the good name of SCCSA*

*I agree to abide by SCCSA Code of Conduct*

*By submitting this application form, I acknowledge and am aware of SCCSA's expectations, I agree to comply with all SCCSA policies and I understand that, if selected, I will be required to sign a the Coach's Code of Conduct*

Signed.....

Date / /