



SUNSHINE COAST CHURCHES SOCCER ASSN

S.C.C.S.A. Representative Coach Application 2022 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 / /