

## **Bosco Bulldogs**



## **Coaching Application Form 2017**

Completed application forms are to be emailed to The Secretary **secretaryboscojrl@gmail.com** 

All applications are **STRICTLY CONFIDENTIAL**.

• •				
Applicants name:		Contact No:		
Position you are applying  Head Coach Assistant Coac Sports Trainer Team Manage Age group(s) you are app	ch - League Safe ( r olying for: before (please cir	rcle): <b>Yes No</b>		relevant)
If so, please provide details of the previous position(s) held:				
Position	Year/s held	Age Group	Club	
Do you hold a current Coaching Certificate (please circle):  Yes No  Do you hold current Sports Trainers Accreditation (please circle):  Yes No				
Do you have a current Working with Children Check (please circle): Yes No				
Do you have a current First Aid Certificate (please circle):				Yes No
All coaches, trainers and are required to abide by t	• , ,		& Senior Re	presentative positions
I understand that I may be no discussion entered on with all parents of any tea League Committee in an	ice the appointi am I am appoin	ments have bee ted to and to s	en made. I a upport the B	gree to communicate osco Junior Rugby
Name:		Date:		
Signed:				