

**WAIKATO HOCKEY ASSOCIATION
COACH / MANAGER APPLICATION FORM**

SURNAME:

CHRISTIAN NAMES:

ADDRESS:

.....

.....

EMAIL:

PHONE:(hm)

.....(wk)

.....(mob)

Date of Birth:

POSITION APPLIED FOR: (please circle)

COACH

ASST COACH

MANAGER

TEAM: PLEASE STATE AGE GROUP (MALE FEMALE)

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HOCKEY BACKGROUND:(please complete relevant sections)

1. Playing experience:

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2. Team Management Experience:

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Coach / Manager application form continued

3. Coaching Experience:

School teams:

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Club teams:

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Representative teams:

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4. Other relevant experience / Qualifications (i.e., coaching courses attended)

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5. Name and contact of two referees:

Name:
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Name:

Affiliation:
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Affiliation:

Phone no.:
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Phone no.:

Signed:

Date:

Forward appln to Waikato Hockey Assn,
P.O. Box 820 HAMILTON