



KHOSA MINI HOCKEY

COACHING APPLICATION FOR THE 2020 SEASON

APPLICATION DEADLINE: FRIDAY, January 31st, 2020

SECTION 1: CONTACT INFORMATION

Name of Applicant: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Birth Date: _____

(Emergencies Only)

(yyyy/mm/dd)

Email Address: _____

Home Address: _____

City: _____ Postal Code: _____

Employer: _____ Job Position/Title: _____

SECTION 2: TEAM APPLICATION

I wish to apply as Coach for the following team:

Mini Hockey U13 Boys
 U13 Girls

Junior Hockey U15 Boys
 U15 Girls
 U17 Boys
 U17 Girls

Would you be willing to coach a team that you did not apply for? Yes No

List below if you would like to list any assistant coaching staff:

<i>Name</i>	<i>Position</i>

SECTION 3: EXPERIENCE/QUALIFICATIONS

Please provide details of prior coaching positions held:

Year: _____ Club/School: _____ Position: _____

Year: _____ Club/School: _____ Position: _____

Year: _____ Club/School: _____ Position: _____

Do you have your SAHA Coaching Certification? _____

If yes, what is your SAHA Coach Level?

Level 0

Level 01

Level 02

NOTE: ALL COACHES AND STAFF MUST COMPLETE ANY OUTSTANDING CERTIFICATIONS BY February 03, 2020

Please submit a Coaching CV with your application!

SECTION 4: REFERENCES

Coaching:

Name: _____ Phone: _____

Non-Coaching:

Name: _____ Phone: _____

I agree to obtain a Police Clearance Check and be approved by the Coaches Selection Committee. If staff have submitted a Police Check for the 2020 Season, they will not be required to submit a new one, however, they must notify the Risk Management Committee should they have committed an offence since their previous check. By accepting a position with KHOSA mini hockey, I declare that there have been no changes to my previous check.

I acknowledge and agree to the above named references being contacted. I am aware that other persons and organizations may also be contacted. I give permission to these persons/organizations to provide information about myself to the KHOSA Mini Hockey for purposes of this application.

If accepted to a coaching position, I agree to uphold and abide by any rules and regulations as set forth by the Club, the KHOSA Mini Hockey Constitution and the goals and philosophies of the Club.

I further understand and agree that as a Coach I bear ultimate responsibility for any and all team coaches conduct or lack of performance in their duties. It is also understood that all signing parties are subject to discipline or suspension at the KHOSA Club Committee discretion.

I AGREE to all terms and conditions.

Name: _____ Signature: Acknowledgement of Signature

Please return completed application by Friday, January 31st, 2020
to the Coaches Selection Committee at applications@minihockey.co.za

Thank you for taking time to apply with KHOSA Mini Hockey!