



PINE CENTRAL HOLY SPIRIT RLFC Inc. COACHES APPLICATION FORM

APPLYING TO COACH IN YEAR: _____

APPLICANT DETAILS:

First Name: _____	D.O.B _____/_____/_____	RETURNING COACH: <input type="checkbox"/>	NEW COACH/ NEW TO CLUB: <input type="checkbox"/>
Last Name: _____			
Home Address: _____			
Email: _____			
MOBILE: _____	HOME: _____		
WWC Blue Card#: _____	Expiry Date: _____		

COACHING ACCREDITATION DETAILS & EXPERIENCE:

Level Attained: _____ Year Attained: _____

Coaching Accreditation #: _____

Please detail below any relevant information or experience to support this coaching application:
(Coaching & Playing History, additional accreditations or certificates – attach copies to application)

Preferred Team / Age Group: _____

Reasons: _____

Other Preferences (if any): _____

If my application is accepted, I agree to abide by the rules of Pine Central Holy Spirit RLFC .

APPLICANT SIGNATURE: _____ DATE: ____/____/_____

NOTE: All applications for coaching positions to be forwarded to the Coaching Director (Graham Pechey) graham.pechey@brisbane.qld.gov.au or the Club Secretary (Craig Wright) secretary@pinecentralhs.com.au by Presentation Day (12th October 2019).