# CASTLE HILL SPORTS NETBALL CLUB

# NOMINATION FORM

# COACH/ASSISTANT COACH/MANAGER

NAME:

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ADDRESS:

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PHONE:……

EMAIL ADDRESS:……

Please ensure you have read our Coaching Policy before proceeding with this nomination: Coaching Policy

I wish to apply for the following age group/s:Any age group 10 and above….

I wish to apply for the following position: -

COACH ☐ ASSISTANT COACH ☐ MANAGER ☐

COACHING QUALIFICATIONS: (Please tick)

Foundation ☐ Development ☐ Intermediate ☐

PREVIOUS COACHING EXPERIENCE: -

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I would be interested in attending a coaching course to expand my coaching knowledge: (please tick) Yes ☐ No ☐

My WWCC Number is