

FITZROY JUNIOR FOOTBALL CLUB COACHING APPLICATION FORM – SEASON 2017

NAME:						
PHONE:	Home:	Mobile:	Work:			
ADDRESS:						
EMAIL:	Primary email: Secondary email:					
Please indicate which 2017 age level you would like to coach:						
🗌 U9	U10 U11 U1	2 🗌 U13 🗌 U14	U15 Co	lts		
U10 Girls U12 Girls U13 Girls U14 Girls U15 Girls U15 Girls U16 Girls U18 Youth Girls Nb. Girls age groups will be determined once registrations are finalised in March 2017.						
Please indicate which 2017 team/grade (within the above age group) you would like to coach (if known):						
1 2	3 4					
Do you have previous coaching experience?			🗌 No			
Details:						
Do you have a	a pre-determined or recommended a	assistant coach?	🗌 Yes	🗌 No		
Details:						
Do you have a current Level 1 (or higher) Coaching Certificate?			🗌 No			
Details:						
Please note that league and club policy requires a minimum Level 1 Coaching Certificate and that you will be notified of opportunities to achieve this						
Do you have c	other relevant qualifications or expension	rience?	🗌 Yes	🗌 No		
Details:						

Do you have a current " <i>Working with Children</i> Reference:	Check"?	🗌 Yes	🗌 No			
Have you read and understood the " <i>FJFC Coac</i> available on the FJFC website?	hes Code of Conduct " document	☐ Yes	🗌 No			
Have you read and understood the " <i>FJFC Coa</i> available on the FJFC website?	ching Selection Policy" document	🗌 Yes	🗌 No			
Briefly outline your coaching philosophy and your approach to coaching junior footballers (include any other information in support of your application):						
Details:						
Please email your application to:	oachcoord@fitzroyjuniorfc.com.au	<u> </u>				

Please note: All applicants may be required to attend an interview for coaching positions as per FJFC coach selection policy accessible from the Policy section of the FJFC Website (<u>www.fitzroyjuniorfc.com.au</u>).