



## COACH NOMINATION FORM

### ***Personal Details***

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**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_ **Preferred name:** \_\_\_\_\_

**Phone: Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Blue Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**First Aid Qualifications, including date:** \_\_\_\_\_

**Have you previously coached a Netball team?** **Yes / No**

**If yes, Name of Club:** **Samford Netball Club / Other:** \_\_\_\_\_

**Age:** \_\_\_\_\_

**Division:** \_\_\_\_\_

**List qualifications, if any:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I am willing to coach** \_\_\_\_\_ **teams**

**Details:** \_\_\_\_\_

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**Training preferences: Day(s)** \_\_\_\_\_ **Time(s)** \_\_\_\_\_

**Are you interested in any clinics offered by the club or DPNA?** **Yes / No**

Coaching a team entitles you to a refund of your family levy at the end of the season. Samford Netball Club will hold a Coaches information evening prior to the beginning of the season and will provide you with your team details and equipment required for your team.

Signature: \_\_\_\_\_ (Coach) Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent/Guardian) Date: \_\_\_\_\_