



## COACH APPLICATION FORM

Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Postcode: \_\_\_\_\_  
Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (M) \_\_\_\_\_  
Email: \_\_\_\_\_  
Working With Children Card No: \_\_\_\_\_ Expiry: \_\_\_\_\_

### Age Group Preference

Note: Please number your preferences beside the age groups you most prefer i.e. 1st preference 1, 2nd preference 2 etc.

Teams:  U/10  U/12  U/14  U/16  U/18  SENIORS

### Coaching Experience

Have you coached previously? Yes / No  
If yes, How many years experience? \_\_\_\_\_  
Where and what age group(s)? \_\_\_\_\_  
\_\_\_\_\_

Do you hold a current AFL level 1 Coaching Accreditation: Yes / No Expiry: \_\_\_\_\_  
Do you hold a current AFL level 2 Coaching Accreditation: Yes / No Expiry: \_\_\_\_\_

Outline your personal ambitions and goals in relation to coaching

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What outcomes do you wish to achieve with your team this season?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_