



Devonport Basketball Council
Representative Team Coach Application

Name: _____

Address: _____

Email: _____

Phone (home) _____ Phone: (Bus) _____

Phone: (Mobile) _____ Fax: _____

Which is the best contact number to call you on during daytime hours? _____

Which is the best contact number to call you on after hours? _____

NCAS Accreditation Level _____ NCAS Number: _____

I have enclosed my Prohibited Persons Declaration OR I have enclosed my Suitability Card
FOR Child Related Employment *Available from the DBC Office or the web-site.* YES NO

If you have not enclosed your PPD, please explain why not.

I wish to apply for the following position/s

Position (e.g. Head Coach)

Team (e.g. Under 12 Girls)

1 _____

2 _____

3 _____

4 _____

Please provide the details of two references to support your application

Name	Position	Contact Number
1 _____	_____	_____
2 _____	_____	_____

You must sign, date and return this form by the application closing date listed below.

I confirm that the information that has been provided is correct. I have read and understood the Selection Criteria and Conditions of Appointment. I agree to abide by and carry out the Conditions of Appointment for any coaching role to which I am appointed.

I agree to comply with the requirements of the requirements of the club. I agree to mandatory screening through appropriate government approved screening agencies and understand that I must have a clear screening report to be appointed to the DBC coaching position. I am not a prohibited person and have completed the necessary Prohibited Persons Declaration.

Please return your completed application form to

Devonport Basketball Council Junior Coach Application

P.O. Box 526

Devonport TAS 7310

Fax: 6424 2833

Email: admin@devonportwarriors.com.au

Applications close: 30th October 2011