

CMHA
Coach/Assistant/Co Coach / Manager's Representative Team Application

First Name: _____ Surname: _____

Address: _____

Area: _____

Phone Number: Home: _____ Work: _____ Mobile: _____

Email: _____

Team Wishing To Coach, Assist, Manage: (✓)

	Snr Men	U18 Men	U15 Boys - A	U15 Boys - B	Hatch Boys - A	Hatch Boys - B	Yr5/6 Boys
Coach							
Co - Assistant Coach							
Manager							
	Snr Women	U 18 Women	U15 Girls - A	U15 Girls - B	Collier Girls - A	Collier Girls - B	Yr5/6 Girls
Coach							
Co - Assistant Coach							
Manager							

Coaching Qualifications: (✓)

Level One		Level Two		Level Three	
Practical	Theory	Practical	Theory	Practical	Theory

Dates Completed:

Coaching/ Playing Experience: _____

Other Qualifications: _____

Courses/ Qualifications you would like to obtain/Attend: _____

Technical Manuals Required/Requested: I.e.: DVD, Manuals: _____

Equipment Required/Requested: _____

Personal Strengths which you can bring to the position: _____

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Weakness' which you need support or Training: _____

Aims / Targets For the 2008 Representative Season: _____

Consent For a Police Check to be carried out: (Please Sign) _____

Date: _____

Signed: _____

Send To: CMHA
PO Box 50
Pukekohe
Email: cmha@xtra.co.nz
Attention: Representative Teams 2010

Close of Applications: 5pm 19-Feb-10

Date Received:

Forwarded to Selection Committee: