



MT BARKER LUTHERAN NETBALL CLUB

Coaching Application Form - Winter Season 2024

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Applicant Details

Given Name: _____ Surname: _____
Address: _____
Suburb: _____ Postcode: _____ Phone: _____
Email: _____

Coaching Grade Preference

1. _____ 2. _____

Current Qualifications

Coaching Involvement

Current: _____
Previous: _____

Screen Checks & Training

Have you completed any ChildSafe training? Yes No N/A
If no, are you willing to undertake the ChildSafe training course? Yes No N/A
Do you hold a current Working With Children Check? Yes No N/A
If yes WWCC Number: _____ Exp Date: _____ Copy Attached
If no WWCC Application Number: _____ Progress Status: _____

Please state why you want to Coach

Emergency Contact

In case of an emergency, please list below in order of preference.

Full Name	Relationship	Phone
_____	_____	_____
_____	_____	_____



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Medicare & Insurances - Please provide details where applicable

Insurance Provider: _____ Member Number: _____

Medicare Number: _____ No. of Person on Card: ___ Expiry Date: ___/___

Ambulance Cover: Yes No Health Care Card Number: _____

Medical History

In case of medical attention please indicate any medical conditions that would be relevant to a Health Care Professional.

Agreement with Mt Barker Lutheran Netball Club

By signing this form, I agree to abide by the Club's Constitution, By-Laws and all policies AND I agree to abide by the expectations of the Mid Hills Netball Association, Netball SA and Netball Australia

Name of Applicant

Signature of Applicant

Date