



Coaching Application Form

All persons wishing to nominate for a coaching position for the up and coming football season must complete this form. Once completed please return to:

President - president@southbunburyjuniorfc.com.au

I wish to nominate for the _____ age group.

Name:	Primary Contact No:
Address:	
Email:	

Applicants are advised that all coaches must have completed or undertaken to complete a current AFL Level 1. Please note the club will help with payment and the process.

Previous Coaching Experience

Year/s	Age Group	Club	Working with Children Check No & Expiry Date.	AFL Level Accreditation & Expiry Date

- Are you currently CPR and First-Aid certified Yes / No
- Are you aware of the AFL Concussion Policy Yes / No (a copy will be provided)
- Are you aware of the AFL Coaches Code of Conduct Yes / No

Signed by applicant _____