



Application for coaching position 2025

SURNAME: _____ CHRISTIAN NAME: _____

EMAIL: _____

CONTACT PHONE NUMBER: _____

AGE GROUP APPLIED FOR: _____ ALTERNATE AGE GROUP: _____

FORMAL COACHING QUALIFICATIONS: _____

OTHER RELEVANT QUALIFICATIONS: (First Aid etc) _____

PREVIOUS COACHING EXPERIENCE: _____

- Please beware you can only apply for one coaching position. A coach Cannot hold more than one position unless you have permission from the club executive.

WORKING WITH CHILDREN CHECK NUMBER: _____

PROPOSED SUPPORT STAFF:

MANAGER: _____

TRAINER(S): _____

OTHER: _____

SIGNATURE: _____

Attach any additional supporting information if insufficient space.

Please either scan and return to secretary@engadinedragons.com.au or post to P.O. Box 191 Engadine NSW 2233.