



PO Box 160 Phone 0408 077 292
 Bellbowrie Email: bellbowrie@ipswichhockey.com
 Queensland 4070 Web: www.bellbowriehockey.org.au
BELBOWRIE HOCKEY CLUB INC.



2011 COACH & MANAGER NOMINATION FORM

I _____ would like to submit to Bellbowrie Hockey Club's Management Committee my nomination for the following position in 2011.

Coach	Team _____	W / M / G / B	Do you require an assistant coach	Yes / No
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Assistant Coach Team _____ W / M / G / B Manager Team _____

BHC Teams 2011: **A Grade** (Women & Men) / **Reserve** (Women & Men) / **Reserve 2** (Women) / **A2** (Women & Men)
C Grade (U15 Girls & Boys) / **D Grade** (U13 Girls & Boys) / **E Grade** (U11 Girls & Boys)
Hooked in2 Hockey (Girls & Boys combined)

Please briefly describe your relevant experience (attach separate page if insufficient room): _____

Please Indicate: Coaching Level Accreditation (if any): _____

Are you willing to complete a coaching course to assist with your development as a coach (BHC will cover the cost of the course) Yes / No

Blue Card* holder current for 2010 Yes / No

BlueCard Number _____ / Expire Date _____

First Aid Certificate current Yes / No

Player during 2010 Season Yes / No Anticipated Club / team _____

** It is the policy of Bellbowrie Hockey Club that those persons accepted into an important role within BHC (coaching, managing, committee etc) hold a current "Volunteer Blue Card", where applicable. To download the application form visit <http://www.cypcg.qld.gov.au/employment/index.html>. It is an offence for a disqualified person to sign a blue card application form (penalties by the Government may apply).*

Your Contact Details:

Address:	Phone:
Mobile:	Email:

I have read the relevant BHC Selection and Development Policies and agree to abide by these Policies #.

Signature: _____

Download from our forms and Admin page at www.bellbowriehockey.org.au



IPSWICH HOCKEY ASSOCIATION INC.

Established 1931

ABN 54 159 436 239



INFORMATION FORM – OFFICIAL 2011

Personal Particulars

TITLE: Mr / Mrs / Miss / Ms (Please circle)

Christian Names: _____ Surname Name: _____

Maiden Name: _____ Date of Birth: _____ Gender: **Male / Female**
(if applicable)

Address: _____ Suburb: _____

Postcode: _____ Phone - Home: _____ Mobile: _____

E-Mail: _____

❖ **Player Registration Form completed:** YES / NO (Please circle)

❖ **Do you hold a Blue Card?** Yes / No

If Yes: Number: _____ Expiry Date: _____

❖ **Do you hold a Responsible Service of Alcohol Certificate?** Yes / No

If Yes: Expiry Date: _____

❖ **Positions Held:** (e.g. Secretary - Ipswich Hockey Associations Inc., Coach – Hancocks Reserve Grade Ladies etc)

❖ **Qualifications:** (e.g. NOAS Umpire Level 2, NCAS Level 1, First Aid etc)

❖ **Signature:** _____ **Date:** _____