

CENTRAL PERTH MINOR HOCKEY HEAD COACH APPLICATION FORM

Deadline for Applications JULY 1st

Submit by post to: Coaches Committee CPMHA
coachescontact@centralperthminorhockey.ca

APPLICANT INFORMATION

Name: _____

Address: _____

Phone: (Home) _____ (Work or Cell): _____

Email: _____

TEAM SELECTION

	TEAM (IE U5,U13,U13 Girls)	Level(Local/Rep)
1st Choice		
2nd Choice		

COACHING CERTIFICATIONS

	Yes/No	Certified	If Certified Expiry Date
Coach 1- Intro to Coaching		N/A	N/A
COACH 2			
D1 or Higher			
Respect in Sport(PRS/Speak out)		N/A	N/A
Gender Identity & Expression Course		N/A	N/A

COACHING HISTORY INFORMATION

	Team/Level	Association	Position on Staff	Year
1				
2				
3				

Do you have any prior hockey related experience or relevant information that you would like to include? Please list any or outline information you would feel relevant below.

What will be your goals for the upcoming season and how do you intend on achieving these goals?

I understand that completing a Coaching Application with Central Perth Minor Hockey does not ultimately guarantee me a coaching position with CPMH. If accepted, my coaching certification will be upgraded as needed and I will comply with Central Perth Minor Hockey's Rules of Operation Code of Conduct and all WOAA/OMHA rules and regulations. I hereby certify that the completed information is true and correct.

If selected to be a HEAD COACH for Central Perth Minor Hockey a Police Check will need to be completed and handed in by October 1.

Signature: _____ Date: _____

