

# CENTRAL PERTH MINOR HOCKEY HEAD COACH APPLICATION FORM

Submit by post to: Coaches Committee CPMHA  
[coachescontact@centralperthminorhockey.ca](mailto: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		
2 <sup>nd</sup> 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
Trainers Certification			

## COACHING HISTORY INFORMATION

	Team/Level	Association	Position on Staff	Year
1				
2				
3				

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 Vulnerable Sector Check will need to be completed by the OHF prior to being accepted on any form of volunteer basis with CPMH.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_