

Hamilton City Netball Centre





First Name:	Date:							
Last Name:	Date of Birth:							
Phone Number:								
Address:								
Email:								
Please state which Team(s) that you wish to apply Open Grade U18's U16's – Representative / Develope U14's – Representative / Develope Mixed / Men's Please indicate if you are willing to be invo your preferred team? YES / NO Please indicate if you are willing to have ar season? YES / NO Please list your netball specific qualifications and the any you are currently working towards): e.	ment whent w							
Please outline any other relevant qualifications:								

Please outline your previous coaching experience:
This role also includes being part of the age group Selection Panel. Please outline
your selecting experience and skills.
As part of our recruitment process police checks will be conducted on successful
applicants, do you have any criminal convictions that may hinder the police venting
process? Yes / No
If yes please provide details:

Please provide a brief, proposed Coaching programme for the season for one of the teams you are applying for.

- Under 14, Under 16 and Under 18 Season runs from approx. May to July
- Open Season runs from approx. June to September.

Ple	ease	list	: 2	ref	feree	s, t	hei	r c	on	tac	ct c	de	tai	ils,	ar	٦d	t	he	ir	re	lat	ic	ons	h	ip	to	y	วน	:
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Name:
Position / Relationship:
Company:
Email:
Phone Number:
Name:
Position / Relationship:
Company:
Email:
Phone Number:
DECLARATION: If my application is successful, I am happy for the Development Co-ordinator to contact the two referees provided. I declare the information provided in this application is true and correct and give my consent to the Centre to undertake current police check on me.
Name:
Date:
Signature:
Please email form and supporting documents to: development@netballhamilton.org.nz

HAMILTON CITY NETBALL CENTRE