



# FAR NORTH COAST HOCKEY INC.

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## FNC Representative NOMINATION FORM – Coach / Manager / Selector

### Applicant Information :

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Home address: \_\_\_\_\_

Working With Children Check (WWCC) Number: \_\_\_\_\_

### Position Nomination Selection :

Please tick the boxes below for your nomination request.

#### Coach / Manager / Selector

☐ Coach ☐ Manager ☐ Selector

#### Gender

☐ Male ☐ Female

#### Age Group

☐ U14 GIRLS ☐ U16 GIRLS ☐ U18 GIRLS ☐ OPEN WOMEN

☐ U14 BOYS ☐ U16 BOYS ☐ U18 BOYS ☐ OPEN MEN

☐ MASTERS: (Age Group): \_\_\_\_\_

### Additional Information:

1. Are you available for all commitments required by this team? ☐ Yes ☐ No (Please give details)

\_\_\_\_\_

2. Accreditation Level: (Coach / Selector applications only)

\_\_\_\_\_

\_\_\_\_\_

3. Please list your experience to support this application: (all applications)

4. Any further information to support your application: