**APPLICATION FORM FOR SEMSA TEAM OFFICIALS**

NAME:………………………………………………………………………………………………………………………………

EMAIL:……………………………………………………………………………………………………………………………….

MOBILE:……………………………………………………………..

CLUB REGISTERED WITH:…………………………………………………………………………………………………..

WORKING WITH CHILDREN: APPLICATION OR CARD NUMBER…………………………………

WORKING WITH CHILDREN EXPIRY DATE:…………………………………………………………………………

I AM APPLYING FOR POSITION: HEAD COACH ASSISTANT COACH

TEAM MANAGER STATISTICIAN

AGE GROUP: U14 girls U16 girls U18 girls U23 women Open women

U14 boys U16 boys U18 boys U23 mens Open mens

COACHING LEVEL ATTAINED: Level 1 Level 2 Level 3

Level 4 Level 5 Level 6

STATISTICIAN ACCREDITATION: Level 1 Level 2 Level 3

Level 4 Level 5 Level 6

I hold a current FIRST AID ACCREDITATION (required for Team Manager)

YES NO

I agree to attend any courses, sessions, briefings, etc organised by SEMSA

YES NO

CONFIRMATION: I agree to abide by CODE OF CONDUCT at

<https://www.wa.softball.org.au/resources/codes-of-conduct/>

SIGNATURE……………………………………………………………………….DATE…………………………………………….