

SELECTORS APPLICATION FORM

Team:

PERSONAL DETAILS

.....
(First/Given Name) (Other Name)

.....
(Surname)

Address:
(No. and Street) (Suburb/Town) (Postcode)

Blue Card Holder. Yes.....No.....Blue Card Number

Time lived at current address

Contact details: (H)(W)
..... (Mob) (email)

Previous coaching experience & NCAS Levels:

- (1)
- (2)
- (3)

REFEREE DETAILS (Two required)

Name: (1)..... (2)

Address:
.....

Contact details:
.....

Relationship:
.....

Applicants Signature: Date:

Cairns Hockey Assoc Inc is committed to the health, safety and well-being of all it's representative players and is dedicated to providing opportunities to all players that enhance physical, intellectual and social development. Cairns Hockey Assoc Inc is therefore committed to provide a safe environment for all participants who represent the Association.
All Selectors have a responsibility to provide safeguards dedicated to the well being of all players.
Abuse is not wholly exclusive to physical, emotional, psychological and social abuse or harassment. These forms of behaviour will not be tolerated and are totally unacceptable.
The abuse of team members by other members or officials or external sources is not acceptable. Cairns Hockey Assoc Inc encourages all incidents of such abuse to be reported immediately to the appropriate authorities.