

Cairns Hockey Association Inc.  
**MANAGER'S APPLICATION FORM**

Team: .....

**PERSONAL DETAILS**

Applicants Name:

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

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

Time lived at current address . .....

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

Drivers Licence No . .....

Previous management experience:

(1) .....

(2) .....

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

**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 Managers 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.

At this stage, the current calendar for Representative commitments is in draft form only. Should you be successful with your application for manager, you will be advised of any changes.

# Acceptance of Appointment Form

In consideration of Cairns Hockey Association Inc. accepting me as a Manager involved in the activities of Cairns Hockey

1. I acknowledge having read or had explained to me or have been given the opportunity to have explained to me the:
  - a) Policies and Rules of Cairns Hockey Association Inc.
  - b) Constitution, By-Laws and Policies of Cairns Hockey Association Inc.
  - c) Cairns Hockey Association Inc. Manager's Kit/Codes of Conduct for Managers.
2. I agree and consent to the Queensland Police Service enquiry/check and/or any other such personal check that may be required by law to determine my suitability to become a Manager of a Cairns Hockey Association Inc. team.
3. I agree that Cairns Hockey Association Inc. is released from and against all actions, suits, claims, damages, costs, expenses, and demands brought by any person connected with the obtaining of or disclosure of any information resulting from any enquires deemed necessary to determine my suitability to become a Manager of a Cairns Hockey Association Inc. Team.
4. I agree to abide by all the guidelines and requirements of Cairns Hockey Association Inc. and to be aware, understand and follow the guidelines and responsibilities of Managers as prescribed and produced by the Cairns Hockey Assoc Inc.
5. I agree to support Cairns Hockey Association Inc. and the decisions made by Cairns Hockey Association Inc. and to abide by the general rules of Cairns Hockey Association Inc so as not to bring the Association into disrepute.
6. I agree that my authority to discipline athletes under my control extends only to minor infractions and that any serious disciplinary breach must be referred by me to the Board of Management of Cairns Hockey Assoc Inc for attention.

I ..... (Full Name)

for the purpose of consideration of my application to become a Manager, hereby authorise the Queensland Police Service to:

- (a) make or cause to be made reasonable enquiries to become a Manager with the  
..... Cairns Hockey Association Inc. Team.
- (b) disclose or cause to be disclosed only to Cairns Hockey Association Inc. any comment of my suitability based on information by the said enquiries about the details I have supplied in my application to become a Manager.

.....  
Applicant's Signature

...../...../.....  
Date

.....  
Applicant's Name (Please Print)

.....  
Witness

.....  
Witness's Name (Please Print)

Note: Acceptance of this form does not necessarily guarantee acceptance as a Cairns Hockey Association Inc. Team Manager. ALL INFORMATION SUPPLIED IN THIS APPLICATION WILL REMAIN CONFIDENTIAL.