



FEMALE UNDER 18 TEAM ATLANTIC APPLICATION FORM



1. PERSONAL INFORMATION

NAME: _____

HOME ADDRESS: _____

HOME PHONE #: _____ BUSINESS PHONE #: _____

FAX: _____ E-MAIL: _____

BIRTHDATE: _____

2. POSITION APPLYING FOR (PLEASE CIRCLE):

HEAD COACH ASSISTANT COACH (2 OPENINGS) GOALTENDER/VIDEO COACH (COMBINED POSITION)

IN THE EVENT THAT YOU ARE APPLYING FOR A HEAD COACH POSITION AND THAT THIS OPTION WOULD NOT BE AVAILABLE, ARE YOU WILLING TO ACCEPT AN ASSISTANT COACH POSITION? YES NO

3. PRESENTLY COACHING

CURRENT TEAM COACHED: _____

COACHING POSITION ON CURRENT TEAM COACHED: _____

CATEGORY / LEVEL OF TEAM: _____

5. NCCP

HIGHEST LEVEL OF NCCP CERTIFICATION ATTAINED (PLEASE CIRCLE):

DEVELOPMENT 1 HIGH PERFORMANCE I HIGH PERFORMANCE II

DATE OF COMPLETION: _____ PASSPORT NO. (CC): _____

COACHING EXPERIENCE AT THE CLUB LEVEL - SPECIFY POSITION: HC (HEAD COACH) OR AC (ASSISTANT COACH)

SEASON	NAME OF TEAM	POSITION (HC/AC)	CATEGORY / LEVEL	COMMUNITY / REGION	REG SEASON W/L/T	PLAYOFFS W/L/T

NOTES:

COACHING EXPERIENCE AT THE PROVINCIAL LEVEL (EG. PROGRAM OF EXCELLENCE)

SEASON	NAME OF TEAM	POSITION (HC/AC)	CATEGORY / LEVEL	REGION	RECORD W/L/T

NOTES:

COACHING EXPERIENCE AT THE REGIONAL LEVEL (E.G. PROGRAM OF EXCELLENCE REGIONAL FEMALE U18 TEAM, ETC...)

SEASON	NAME OF TEAM	POSITION (HC/AC)	CATEGORY / LEVEL	REGION	RECORD W/L/T

NOTES:

OTHER COACHING EXPERIENCE (E.G. NATIONAL, INTERNATIONAL LEVEL, BRANCH SKILLS CAMPS, ETC...)

SEASON	EVENT	ORGANIZATION	COMMUNITY/REGION	NOTES

EXPERIENCE AS AN INSTRUCTOR (HOCKEY SCHOOLS, CLINICS OR OTHER RELATED ACTIVITIES)

SEASON	TYPE OF ACTIVITY	ORGANIZATION	COMMUNITY/REGION	BRANCH

NOTES:

PLAYING EXPERIENCE

SEASON	NAME OF TEAM	CATEGORY / LEVEL	COMMUNITY/REGION/BRANCH/NATIONAL/INTERNATIONAL

NOTES:

PARTICIPATION (SEMINARS, COACHING SYMPOSIUMS OR OTHER RELATED ACTIVITIES)

SEASON	TYPE OF ACTIVITY	ORGANIZATION	LOCATION (CITY)

PLEASE COMPLETE THE FOLLOWING 3 QUESTIONS AND ATTACH THEM TO YOUR COACHING APPLICATION FORM:

1. WHO HAS BEEN A MENTOR COACH FOR YOU AND WHY?
2. WHAT IS THE GREATEST LESSON THE GAME OF HOCKEY HAS TAUGHT YOU?
3. WHAT ARE YOUR ASPIRATIONS AS A COACH?

REFERENCES

APPLICANTS ARE REQUIRED TO PROVIDE 2 LETTERS OF RECOMMENDATION AND TO IDENTIFY THE NAMES AND PHONE NUMBERS OF A TOTAL OF 5 REFERENCES. THE LETTERS OF RECOMMENDATION AND THE NAMES OF REFERENCES MUST ACCOMPANY THIS APPLICATION.

NAME OF REFERENCE	RELATIONSHIP	PHONE NUMBER	HOW LONG HAVE YOU KNOWN THIS INDIVIDUAL?

A copy of this form is to be completed by Team Atlantic Coaching Applicants and returned to your home provincial Hockey Branch prior to Wednesday June 7th 2017.

Contact information for each of the branches is as follows:

Hockey Nova Scotia – Darren Sutherland – dsutherland@hockeynovascotia.ca – (902)454-9400

Hockey PEI – Mike White – mike@hockeypei.com - (902) 368-4334

Hockey Newfoundland and Labrador – Paul Dagg pdagg@hockeynl.ca - (709) 747-7897

Hockey New Brunswick – Mike Gillingham mgillingham@hnb.ca - (506) 453-0864