



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 GOALTENDER COACH EQUIPMENT MANAGER THERAPIST

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. PRESENT COACHING SITUATION

CURRENT TEAM COACHED: _____

COACHING POSITION ON CURRENT TEAM COACHED: _____

CATEGORY / LEVEL OF TEAM: _____

4. NCCP

HIGHEST LEVEL OF NCCP CERTIFICATION ATTAINED (PLEASE CIRCLE):

INTERMEDIATE

ADVANCED I

ADVANCED II

DEVELOPMENT

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 MALE U17 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 SYMPOSIA 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 4:30 pm on Friday , April 24, 2015. Contact information for each of the branches is as follows:

Hockey Nova Scotia – Darren Sutherland – btaylor@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 – Nic Jansen – njansen@hnb.ca – (506) 453-0866