**School Sport ACT Application Form**

**Official Positions in 2022**

**please note ssact positions are 2 year appointments – if successful you are appointed for 2 years with no need to reapply. Both parties may opt out if circumstances change or deemed necessary.**

|  |
| --- |
| **name**       |

|  |
| --- |
| **school/organisation**       |

|  |
| --- |
| **sport applying for**  |

**age group** **[ ]  12 years and under**

**[ ]  13 to 19 years and under**

**Gender [ ]  Boys Girls [ ] Mixed/Either**

**position applying for** **[ ]  coach**

 **[ ]  assistant coach (if applicable)**

**[ ]  manager**

|  |
| --- |
| **Residential address**       |

|  |  |  |  |
| --- | --- | --- | --- |
| **phone**  |  **w)**       | **h)**  | **m)**  |

|  |
| --- |
| **email**       |

**Please provide the following, because if successful, will be required for the hiring of vehicles**

|  |
| --- |
| **Driver’s Licence Number:**       L**icence Expiry:**       **Date of Birth:**       |

**Please provide the following, because if successful, will inform host state of requirements**

|  |
| --- |
| **Dietary Requirements (Allergies):**        |
| **Working with Vulnerable People Registration Number:**       **Expiry Date:**       **note: you must have a current wwvp card registration to be considered for any position with ssact and attach a scanned copy of your card to this application.** |

**do you hold a current first aid certificate?** **[ ]  yes** **[ ]  no**

**relevant qualifications (**Coaching Accreditation, Sports Medicine Certificate, Administration / Management level or any other details. Provide supporting documentation where necessary)

**relevant experience (**Managing school sport teams, junior community teams and your own sporting experience)

|  |
| --- |
| **Any application received without supporting documentation will not be considered.** |

**Number of years’ service to SSACT as an ACT Representative Team Official (Coach/Assistant Coach or Manager) provide starting Year also:**

**i have read and agree to abide by the School Sport ACT code of conduct and have read the School Sport Australia privacy policy (located on websites)**

**[ ]  yes**

**[ ]  no**

**referees**

**name** **name**

**position**       **position**

**phone**       **phone**

**applicant name Principal / employer print**

**applicants signature Principal / employer Signature**

**date date**

**applications should be sent via**

**scanned email to** **eo@schoolsportact.org.au**