Please complete this form and send to the Director of Coaching Development, via email at mike.caissie.fyra@gmail.com.

**Application deadline is August 4th, 2024**.

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| --- |
| **Name:**  |
| **Address:** |
| **Phone Number:**  |
| **E-mail Address:** |
| **NCCP Number:** |

**Coaching Position(s) and Division Applying For:**

|  |  |  |
| --- | --- | --- |
|[ ]  **Head Coach** |[ ]  **U12** |  |
|  |  |[ ]  **U14** |  |
|  |  |[ ]  **U16** |  |
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**Current Coaching Certifications** (Please check all that apply)

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| --- | --- | --- | --- |
| **NCCP Courses** | **Trained** | **Certified** | **Registered/Not Completed** |
| Ringette - Community Sport Initiation (CSI) |[ ] [ ] [ ]
| Ringette - Competition Introduction (CI) |[ ] [ ] [ ]
| Ringette – Competitive Development |[ ] [ ] [ ]
| Manager Certificate |[ ] [ ] [ ]
| Make Ethical Decisions- Training |[ ] [ ] [ ]
| Make Ethical Decisions- Online Evaluation |[ ] [ ] [ ]
| Other- Please list other applicable courses completed: |

**Note:** Incomplete qualifications may limit the application process.

**Criminal Record Check and Screening Process:**

|  |  |
| --- | --- |
| *Date of Last Criminal Record Check (mm/dd/yy):* |  |
| *Date of Last Vulnerable Sector Screening (mm/dd/yy):* |  |

**Coaching Experience:** Please list your coaching experience from the last three years (add rows if required)

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| **Season** | **Sport** | **Association** | **Role** |
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**1. What is your personal philosophy of coaching?**

Click or tap here to enter text.

**2. What are your objectives for the Tier 1 Program team and goals for skill development?**

Click or tap here to enter text.

**3. Practice Plans:**  Please provide one 1-hour practice plan for early season, one for mid-season, and one for Provincial preparation (total of 3 plans) for review. Please highlight objectives for each drill, and provide brief commentary on your decision-making process.

**References:** Two references from past teams (Player/Parent/Coach) that you’ve been involved with and two from your most recent team (Player/Parent/Coach)

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| --- | --- | --- |
| **Name** | **Phone Number** | **Email** |
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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize the Fredericton Youth Ringette Association and/or the Coaches Selection committee to collect, the above-noted information, some of which may be personal information, appropriate to the position applied for. I understand that the information obtained will be confidential but may be shared with relevant organizations, as determined by the Fredericton Youth Ringette Association in order to obtain an appropriate volunteer position.

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| **Signature** |  | **Date** |