

FUTSAL REPRESENTATIVE COACHING OPPORTUNITIES

FQ FUTSAL METRO TEAMS

Football Federation Australia has advised that the National Futsal Championships will be held in Sydney in January 2017, the exact dates of which are still to be finalised by the host.

Football Queensland intend to nominate teams in the age groups listed on the application form below. Teams will be nominated in both male and female wherever possible and are now seeking applications from qualified persons to coach the Metro representative teams. These coaches will be required wherever possible to be involved in the 2016 FQ Futsal State Titles on the Easter Weekend from the 26th to the 27th March 2016 as selectors. They will also be expected to attend coaching meetings and training where applicable throughout the year, and weekly squad training and final team selection during October to December as well as travelling with the teams to and from the National Titles in January 2017.

All travel, accommodation and meals are provided as well as a remuneration payment for their services. Football Qld also provide apparel for all coaches to wear whilst performing their duties.

Aspiring coaches must have achieved, or be enrolled to complete, an FFA Community Futsal Coaching License. They will also be required to hold the relevant CCYPCG Blue Card and abide by the Coaches Code of Conduct and Football Queensland Policy and Procedures.

The attached form must accompany the application. All applications must be submitted in writing or by email to trevore@footballqueensland.com.au by close of business Friday 18th March 2016. The selected coaches will be advised by Monday 21st March 2016.

Regards



Trevor Edwards
Futsal Administrator



FUTSAL STATE METRO COACH APPLICATION FORM

Personal Details:

Name: _____

Address: _____

DOB: ____/____/____ Email: _____

(Phone) Work: _____ Home: _____ Mobile: _____ Fax: _____

Drivers Licence Number: _____ Expiry Date: _____

Blue Card Number: _____ Expiry Date: _____

Coaching Details:

Current Futsal Accreditation: _____

Other (e.g. Football): _____

Coaching Preferences:

(Please Circle your preferences and number 1, 2 and 3 – #1 being your first preference):
 **Please note if you have a child or a relative who would be trialling in the age group you have selected, please mark the age group with an asterisk * so we are aware of any potential conflicts of interest **

- | | |
|-----------------|-------------------|
| 12 Boys _____ | 12 Girls _____ |
| 13 Boys _____ | |
| 14 Boys _____ | 14 Girls _____ |
| 15 Boys _____ | |
| 16 Boys _____ | 16 Girls _____ |
| Youth Men _____ | Youth Women _____ |
| AWD TEAM _____ | |

Signature: _____

Date: _____

