**TEAM STAFF NOMINATION FORM**

One form per person to be completed and submitted

**Name:**       **Gender: [ ]  Male [ ]  Female**

**Address:**

**Suburb:**       **Postcode:**

**Date of Birth:**       **Phone:**

**Email:**

**TEAM STAFF POSITIONS**

I am applying for the following position/s

**[ ]** Head Coach

**[ ]** Assistant Coach / Team Manager (please note this is a dual role)

Please provide a brief outline of any relevant qualifications and experience to support your application. The selection committee will use only this information to appoint team staff. Dot points are acceptable (please add an extra page if required)

**MEMBERSHIP**

**[ ]** I am a current member of Sporting Wheelies and Disabled Association

**DIETARY REQUIREMENTS**

 **[ ]** I have no special dietary requirements

 **[ ]** I have the following special dietary requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**EMERGENCY CONTACT**

Next of Kin       Relationship

Contact Number