



Meakin Park, 187 Meakin Road,  
SLACKS CREEK, QLD 4114  
PO Box 79, KINGSTON QLD 4114

## **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 2019, 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. 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 2018 FQ Futsal State Titles on the Easter Weekend. 31<sup>st</sup> March to 1<sup>st</sup> April 2018, as selectors. The coaches will 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 2019.

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 application form below is an interactive form and should be completely filled in and be saved as the following:-

“FIRST NAME SURNAME FQ FUTSAL METRO STATE COACH APPLICATION 2019”.

All applications must be submitted by email to [trevore@footballqueensland.com.au](mailto:trevore@footballqueensland.com.au) by close of business Friday 16<sup>th</sup> March 2018. The selected coaches will be advised by Wednesday 21<sup>st</sup> March 2018.

Regards

A handwritten signature in black ink, appearing to read "Trevor Edwards".

Trevor Edwards  
Futsal Administrator

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**Applicant Information**

**Personal Information**

Name: First Last DOB  
First Last Date of Birth

Address: Street Address  
Street Address

City State Postcode  
City State Postcode

Home Phone: Home Phone Mobile Phone: Mobile Phone

Email: Email

Drivers Licence Number: Drivers Licence Number Expiry Date: Select Calendar

Blue Card Number: Blue Card Number Expiry Date: Select Calendar

**Coaching Details**

Current Futsal Coaching Accreditation: COACH ACCREDITATION

Other Football or Futsal Experience: (Give details)

[Click here to enter text.](#)

**Coaching Preferences**

Please Number your preferences in order, with "1" being your first preference. Please supply minimum of 3 preferences.

\*\* Please note if you have a child or a relative who would be trialing in the age group you have selected, please mark the age group with an asterix\* so we are aware of any potential conflicts of interest.

**12 Boys** Enter Preference

**13 Boys** Enter Preference

**13 Girls** Enter Preference

**14 Boys** Enter Preference

**15 Boys** Enter Preference

**15 Girls** Enter Preference

**16 Boys** Enter Preference

**17 Girls** Enter Preference

**Youth Men** Enter Preference

**Youth Women** Enter Preference

**AWD Team** Enter Preference

Signature: \_\_\_\_\_ Date: Click Today's Date

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