

APPLICATION FOR STATE TEAM COACH

By completing this form, you are submitting your application for the position outlined in the Pony Club WA Handbook: Selection of Coaches: State Teams.

Name of Team/Event			
Name of Applicant			
Phone			
Email			
Current Club			
Coaching Accreditation		Date of Accreditation	
Working with Children Number (or TBC)		Expiry	
Volunteer National Poli Number (or TBC)	ce Certificate		
I, the under signed app Conduct	licant, have read and herel	by agree to abide by the Pony Club WA Codes of	
Name			
Signature			
Date			
	ill be required to provide t e Clearance Children Clearance	nt with the pony club movement the following prior to team travel:	
Club President		Club Secretary/Club Coach Coordinator	
Name		Name	
Signature		Signature	
ENDORSEMENT OF STAT	E SPORT COMMITTEE		
COMMITTEE CHAIR	T		_
Name			
Signature			
Date of meeting that er	ndorsement was approved		
Office Use Only ☐ Current Member	□ PC NCAS L1	☐ Police Clearance ☐ WWC	

Email application to sports@ponyclubwa.asn.au