



STATE TEAM COACH - NOMINATION FORM

Please submit a photocopy of your WWC card with your nomination form

Personal Details	Surname:	Given Names:	Title:
	Home Address:		Telephone numbers: Home: Work:.....
	Email Address:		Mobile:.....
WA State Team details	Which Team/s are you nominating for? (please circle) U15 Boys U15 Girls U17 Boys U17 Girls U19 Boys U19 Girls		
Current	Are you currently a member of, or associated with a water polo club		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide details		
		
	Are you currently or do you have previous experience as a high-performance coach?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, please provide details.....		
Are you available to coach the relevant age state squad from May until the National State Championships scheduled for late Sept/early October?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide any relevant information.....			
Are you currently confirmed as a coach within the North or South Performance Program in 2023?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Please provide any relevant information.....			

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Two Referees	<p>Please provide details of two professional referees.</p> <p>Name.....</p> <p>Organisation Position.....</p> <p>Contact Number.....</p> <p>Name.....</p> <p>Organisation Position.....</p> <p>Contact Number.....</p>
Please sign and date	<p>The information set out in this form is true and correct to the best of my knowledge. If successful, I will adhere to all WPA and WPWA policies and requirements under the National Integrity Framework.</p> <p>Signature Date</p>

PLEASE SEND COMPLETED NOMINATION FORMS BY 5PM FRIDAY 10 MARCH TO:
generalmanager@waterpolowa.asn.au