

Please circle (may be

more than one) <u>Position</u>



FEMALE TEAMS

SELECTOR

MANAGER

MEDICAL

2020 HOCKEY WA MASTERS STATE TEAMS

• Women's Tournament – Cairns Qld– Wed 1st July to Sat 11 July 2020

SELECTOR

MALE TEAMS

MANAGER

COACH

Men's Tournament – Gold Coast Qld – 35+, 40+, Thurs 1 October to Mon 12th October 2020; 45 - 75 (all other age groups) Sat 27 June – Sat 11 July 2020
 WA SELECTION TRIALS are proposed for March 2020

OFT: COACHES, MANAGERS, SELECTORS & MEDICAL EXPRESSION OF INTEREST

Nominations Close Monday, January 27th, 2020

MEDICAL

COACH

ng [Division 1									Division 1						
_	O35	O40	O45	O50	O55	O60	065	070	075	Division 1						
ninated	Division 2								035	040	045	O50	055	060	06	
				O50 O55					035	040	045	050	055	060	00	
<i>APPLICA</i> Name:	NTS D	ETAILS	S:													
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Home Phone:		Work F														
Mobile Phone:				Hocke Club/Ass					-							
Email:									[D.O.B.						
"HOCKEY	Y-ED"	COACI	HING C	QUALIFIC	CATION	NS (ple	ase cir	cle if a	pplica	ble):						
Community			Level	1		Lev	evel 2 Advanced				ł	High Performance				
Year (Gaine	d:	Is it current:													

TEAMS COACHED, MANAGED or INVOLVEMENT 2	2012 to Current (with grades/details):
RELEVANT PAST EXPERIENCE (i.e. rep teams and	programs coached/managed/ selected for with details):
OTHER RELEVANT INFORMATION AND EXPERIEN	CE:
DI AVING (Adam Culab Amanana manination as a Di	Invest County (Management (MES (NO.))
PLAYING (Men Only): Are you nominating as a Pl IF you are NOT SELECTED as a Player Coach/ Mar	nager will you nominate as a Coach/ Manager (YES / NO)
All OFT, Coaches, Managers, Selectors & Medical Committee and Hockey WA policy and procedure	appointed are required to comply with WA Masters es relating to the conduct of State Teams.
	hes and Managers is fully funded by players. For Men's accommodation is funded proportionately by players.
In submitting this Expression of Interest you agre current Masters State Selection Policy, 2019 and	ee to comply with all policy and procedures including the the Code of Conduct 2019 as updated.
Signed by the Nominee	
This form should be returned to:	Men & Women; Email:
nominations@wamastershockey.com.	Cc Scott Macdonald
scottmac97@icloud.com	

WA Masters Committee State Team Portfolios