



**SCHOOL SPORT ACT APPLICATION FORM
OFFICIAL POSITIONS IN 2018**

PLEASE NOTE SSACT POSITIONS ARE 2 YEAR APPOINTMENTS – IF SUCCESSFUL YOU ARE APPOINTED FOR 2 YEARS WITH NO NEED TO REAPPLY. ABLE TO OPT OUT IF CIRCUMSTANCES CHANGE.

NAME

SCHOOL/ORGANISATION

SPORT APPLYING FOR

AGE GROUP

12 YEARS AND UNDER

13 TO 19 YEARS AND UNDER

GENDER

BOYS

GIRLS

MIXED/EITHER

POSITION APPLYING FOR

COACH

ASSISTANT COACH (IF APPLICABLE)

MANAGER

POSTAL ADDRESS

PHONE

W)

H)

M)

EMAIL

DO YOU HOLD A CURRENT FIRST AID CERTIFICATE?

YES

NO

DO YOU HOLD A CURRENT WORKING WITH VULNERABLE PEOPLE (WWVP)
REGISTRATION?

YES

NO

NOTE: YOU MUST HAVE A CURRENT WWVP CARD REGISTRATION TO BE CONSIDERED FOR ANY POSITION WITH SSACT AND ATTACH A SCANNED COPY OF YOUR CARD TO THIS APPLICATION.



RELEVANT QUALIFICATIONS (Coaching Accreditation, Sports Medicine Certificate, Administration / Management level or any other details. Provide supporting documentation where necessary)

RELEVANT EXPERIENCE (Managing school sport teams, junior community teams and your own sporting experience)

ANY APPLICATION RECEIVED WITHOUT SUPPORTING DOCUMENTATION WILL NOT BE CONSIDERED.



NUMBER OF YEARS' SERVICE TO SSACT AS AN ACT REPRESENTATIVE TEAM OFFICIAL (COACH/ASSISTANT COACH OR MANAGER):

I HAVE READ AND AGREE TO ABIDE BY THE SCHOOL SPORT ACT CODE OF CONDUCT.

- YES
 NO

REFEREES

NAME

NAME

POSITION

POSITION

PHONE

PHONE

APPLICANT NAME

PRINCIPAL / EMPLOYER PRINT

APPLICANTS SIGNATURE

PRINCIPAL / EMPLOYER SIGNATURE

DATE

DATE

**APPLICATIONS SHOULD BE SENT VIA
SCANNED EMAIL TO eo@schoolsportact.org.au**