

Brampton Canadettes Girls Hockey Association

Representative Head Coach Application—2019-2020

Please submit your application form via email to development@bramptoncanadettes.com

APPLICANT INFORMATION – Complete all fields

Name:	Name: Date of Birth:									
Address:					Home I	Home Phone:				
City/Postal Code:					Cell I	Cell Phone:				
Email:	Email:									
TEAM APPLICATION – Choose which team you are applying for										
Division Applying For			Level			Altern	Alternate Division		Level	
□ Novice □	Midget		AA			Novice		Midget		AA
☐ Atom ☐	Intermediate		А			Atom		Intermediate		A
□ Peewee □	Senior		ВВ			Peewee		Senior		BB
☐ Bantam ☐			В			Bantam				В
Will you have a daughter eligible for this team? ☐ Yes ☐ No										
If Yes, please provide her name and current team										
ii res, piedse pro	viac nei name	aria c	arrent team							
-										
QUALIFICATIONS										
Do you have a Nat	ional Coaching C	ertific	ation Progran	n (N	CCP) coaching	cert	ification?	☐ Y	es 🗆 No
Date of Certification	on:					NC	CP#	<u> </u>		
If yes, chose level	of certification:									
☐ Coach 2 Tr	ained		☐ Coach	2 (Certif	fied				
☐ Developme	ent 1 Trained		☐ Devel	opn	nent	1 Certified	t			
☐ High Perfo	rmance 1 Traine	d	☐ High F	Perf	orma	ance 1 Cer	tifie	d		
☐ Other:										
_ 3										
Have you completed the following?										
Respect In Sport (Activity Leader)										
Gender Identity and Expression Course $\ \square$ Yes $\ \square$ No										
Other qualifications (e.g. Trainers Certification, First Aid):										
Agree to get a Police Background Check (VSS) or Enhanced Police Information Check:										
PLEASE NOTE: All coaches must have or be prepared to obtain certifications required for position										



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EXPERIENCE

Please provide details of prior coaching positions held. (list most recent first)

Season	Association	Division	Position
Ex. 2017-2018	Brampton Canadettes Girls Hockey Association	Atom AA	Head Coach

COACHING PHILOSOPHY AND CREDENTIALS:

Please attach additional information which reflects your hockey background as a coach and as a player. Outline your coaching philosophy. Identify your goals and objectives for the team for which you are applying.

REFERENCES:

Please provide the names and contact information for three hockey-related references (parents, former bench staff, coach player, etc.)

Hockey Reference 1				
Name:		Home Phone:		
Relationship:		Cell Phone:		
Email:				
Hockey Refere	nce 2			
Name:		Home Phone:		
Relationship:		Cell Phone:		
Email:				
Hockey Refere	nce 3			
Name:		Home Phone:		
Relationship:		Cell Phone:		
Email:				



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DISCLAIMER AND SIGNATURE:

PLEASE READ CAREFULLY:

Brampton Canadettes Girls Hockey Association requires that the Head Coach acknowledge understanding and responsibly for adherence to the following:

Coach's Code of Conduct BCGHA On-ice helmet requirement for staff and participants

Criminal Record Reference Check BCGHA Equipment and Apparel requirements

BCGHA Rules of Operations Return to play protocol

BCGHA By-Laws

I hereby acknowledge that I understand and acknowledge that I am responsible for ensuring compliance with the above requirements, including all applicable Rules and Regulations of Hockey Canada, The Ontario Hockey Federation, The Ontario Women's Hockey Association and Brampton Canadettes Girls Hockey Association. I understand that only applications considered by the coach selection committee to be suitable will be granted an interview. I agree that the decision of the coach selection committee is final and will hold harmless the committee, Brampton Canadettes Girls Hockey Association, and/or any other governing body for that decision. If I am accepted to coach, I agree that myself and my bench staff must provide a Criminal Record Check as a condition of appointment.

I agree to adhere to BCGHA and OWHA Hockey policies and accept that disciplinary action may be imposed for failing to follow policies. Disciplinary action may include dismissal.

I understand that if chosen I will be required to obtain all certifications needed for the position within the timeframe established by the BCGHA.

Submission of an application does NOT guarantee a position.

I certify that my answers are true and complete to the best of my knowledge.

* By Signing below, you agree to all the terms and conditions listed in the above application*

Name:	Signature:

Please return completed application by Thursday, November 22nd, 2018

Thank you for taking the time to apply with Brampton Canadettes Girls Hockey Association

FOR OFFICE USE ONLY					
BCGHA Initials:	Date Received:	Approved:			