PETERBOROUGH CITY SOCCER ASSOCIATION



TEAM OFFICIAL APPLICATION FORM

Applicant Name and Contact Information				
Name:		Tel: (home)		
Street:				
City:		Cell:		
Postal Code:	E-Mail:			

Section A: Position Preferred							
Head Coach 🖌	Assistant Coach 🛛		Manager 🛛	Assistant Manager 🗖			
1 st Choice Team:	Girls 🛛	Boys 🛛	Age Grou	ıp:			
2 nd Choice Team:	Girls 🛛	Boys 🗖	Age Grou	p:			

Section B: Coaching Qualifications*							
LTPD Community Coaching Certification: FUNdamentals Learn to Train Soccer for Life							
Competitive Coaching Certification:	B License 🗖	C License 🗖	Goalkeeper Diploma 🗖				
Mandatory for all ages:			Making Headway in Soccer 口				
* Minimum qualifications to be eligible to coach are:							

U6 - U8: FUNdamentalsU9 - U12: Learn to TrainU13 - U18 and Senior: Soccer for LifeAll coaches and assistant coaches must have Make Ethical Decisions (MED), Respect in Soccer (RIS) and MakeHeadway in Soccer.

Certification must be valid (not expired) until the end of the season. Coaching Courses will be available in the spring before the start of the outdoor season; the club will reimburse the cost (conditions apply).

Section C: Coaching Experience

If you have coached within the past three years, please indicate (i) Season (ii) The Club; (iii) Age Group/Gender; (iv) League/Division, starting with the most recent season.

Year/Club/Team:

Year/Club/Team:

Year/Club/Team:

NOTE: A resume (esp. if you're new to the club) outlining your qualifications for this position may be attached.

	Section D: Application Requirements						
1.	A photoc	opy of your coaching certificates may	be requested.				
2.	A current	t police records check is a <u>REQUIREM</u>	ENT of this position.				
3.	Personal	References (3):					
	a)	Name:					
		Address: Telephone:					
	b)	Name:					
		Address: Telephone:					
	c)	Name:					
		Address:	Telephone:				
4.	4. A personal interview may be required as part of this application process.						
5.		es may be required to conduct or outli	ne a practice session as part	of this application			
	process.	This application is submitted	and hold in confidence				
	-	Section E: De					
	reviewed ation accu	and agreed to the role and position urately.	n (as defined) and have co	mpleted this			
Signat	ture ——		Date				
orginat	ure		Duto				
Ret	Return To: For Club use only			se only			
Fill o	Fill out, scan and email copy to the PCSA Director of Coaching at :			Date Received			
			Application				
doc@pcsasoccer.com		Photocopy of Qualifications					
on or before the application deadline		Police Records Check					
			Personal Reference Check				
			Interview				
			Practice Session				
			Coaching Code of Conduct				
			Resume				