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 | | | | |