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Talent Development Program

Nomination Form for Program Positions

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Phone: Work \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Club:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working With Children #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiry Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please indicate the sport you wish to apply for**

 AFL Athletics Basketball Cycling/MTB
Golf Hockey girls Hockey boys Netball Rugby League

 Rugby Union Tennis Triathlon

**Please indicate the position you are interested in** (tick multiple boxes to apply for multiple roles):

 Head Coach Assistant Coach Trainee Coach Program Manager

**Coaching Experience / Qualifications:**

**NCAS Level**: \_\_\_\_\_\_\_\_\_ **Current CPR**: Yes No **Current First Aid**: Yes No

*Coaching background: (eg. Coaching experience, qualifications, year obtained, etc.)*

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*Other relevant experience: (eg. Teaching / program development experience / etc.)*

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##### Referees:

Please provide the names and phone numbers of two referees who may be contacted to seek further information regarding your coaching background.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Program Staff**

The Northern Inland Academy of Sport will appoint a Head Coach, Assistant Coach, Trainee Coach & Program Manager to most NIAS Talent Development Programs. The Head Coach and Program Manager in conjunction with the NIAS Executive Officer will be responsible for setting the annual program.

**Duties of Academy Coaches:**

**1.** Attend **ALL** Academy Squad training days.

**2.** Contribute to the planning of the annual program.

**3.** Assist in the liaison with State Sporting Organisations, Regional Associations and clubs.

1. Deliver all squad training sessions as indicated in the program.
2. Assist in the professional development of coaches associated with the program.
3. Contribute to the reporting process as required.

**Please note the following:**

**The role of coaching staff with the Northern Inland Academy of Sport is a voluntary one. No relationship of employer / employee exists between the parties.** However, an honorarium may be provided to offset expenses incurred in relation to the service provided by the Coach.

All appointments will be made for a period of one year, subject to satisfactory conduct and service. The Academy reserves the right to cease the appointment agreement at all times. This decision will be made at the discretion of the Academy's Board.

Coaches must adhear to the code of conduct they sign and any breaches or complaints will be dealt with the possibility of suspension.

**Coach Selection:**

The selection panel will consist of the Academy Chief Executive Officer and a representative from the respective SSO. The successful nominees will be appointed by the Northern Inland Academy of Sport Board, and notified accordingly.

**Nomination:**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, would like to nominate for the position/s indicated with the Northern Inland Academy of Sport Talent Developement Program. I have read the information listed above and agree to abide by this statement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RETURN TO: NORTHERN INLAND ACADEMY OF SPORT**

 **PO BOX 907, TAMWORTH, NSW 2340**

 **FAX: 6766 3687 - EMAIL:** **nias@nias.org.au**

**Please include a copy of your current Working With Children Check**

***For further Information please contact:***

***James Cooper, Chief Executive Officer***

***Northern Inland Academy of Sport***

#### Phone: 67 662526

***Email: nias@nias.org.au***

*\*Additional information can be attached to this application if desired.*