



CENTRAL COAST HEART

MANAGER APPLICATION FORM for 2020

Team nominating for: **OPENS:** **23/U:** **METRO LEAGUE:** **ANY:**

NOMINEE DETAILS

Name: _____ D.O.B. _____

Association: _____

Address: _____ Postcode: _____

Phone: (m): _____ Email: _____

APPLICATION CRITERIA

To be eligible to apply for a Manager with the Central Coast Heart you must:

- a) Be a current financial member of Netball NSW: **My Netball number:** _____

QUALIFICATIONS

Do you currently hold Netball Australia accreditation? **YES:** **NO:**

What accreditation do you currently hold? _____

EXPERIENCE

Please list all relevant qualifications and experience &/or attach a resume to this form:

Referee:

Mobile:

Referee:

Mobile:

Signature of nominee:

Date:

Central Coast Heart Appointments Panel may request an interview with the nominee.
Non-participation may influence the decision.

Return nomination form to info@centralcoastheart.com.au
by : 9.00 am Wednesday 15th January 2020