

CENTRAL COAST HEART MANAGER 2018 APPLICATION FORM

Team nominated for (X):	U20 EITHER METRO LEAGUE
NOMINEE DETAILS	
Name:	Association:
Address:	Postcode:
Phone: (h)	(m)
Email:	
APPLICATION CRITERIA	
To be eligible to apply for a	Manager position with the Central Coast Heart you must:
a) Be a current financi	al member of Netball NSW (X) YES NO
QUALIFICATIONS	
Do you currently hold a Net	ball Australia accreditation? (X) YES NO
What type of accreditation	do you currently hold?
<u>EXPERIENCE</u>	
Please list all relevant qualif	ications and experience &/or attach a resume to this form:
(CCH Appointments Panel m	ay request an interview with the nominee. Non-participation may influence the decision)
Referee:	Mobile:
Referee:	Mobile:
Signature of nominee:	Date:

Please return completed nomination form to secretary@centralcoastheart.com.au

m: Dianne Selby 0411 588 862

Closing date 5.00pm Wednesday 31st January 2018