



Southeast Edmonton Recreation Association Coaching Application

PERSONAL INFORMATION (Please print clearly):

Name: _____ Phone: _____

Address: _____ City: _____

Postal Code: _____ E-mail: _____

Date of Birth (dd/mm/yyyy): _____

Alberta Health Care Number: _____

Mailing address (if different from above):

Address: _____ City: _____

Postal Code: _____

QUALIFICATIONS:

RESUME ATTACHED

PROGRAM	LEVEL	DATE COMPLETED	CERTIFICATE #
Respect in Sport (Coach)			
Coach Stream – Coach Level 2			
NCCP Development Level 1			
Checking Skills			
Hockey Canada Safety Program			

Please include courses/programs in addition to the minimum requirements listed.

PRACTICAL COACHING EXPERIENCE:

YEAR	AGE GROUP & LEVEL (TIER)	LEAGUE/ASSOCIATION	RESPONSIBILITY/POSITION

OTHER QUALIFICATIONS:

Please describe briefly your coaching philosophy:
