



**FLAMBOROUGH GIRLS HOCKEY ASSOCIATION REP  
COACHING APPLICATION 2025/2026 SEASON**

***\*\* Applications due by End of Day December 15<sup>th</sup>, 2024 \*\****

Dear Applicants:

Please find the following pages to be submitted for the Representative Coaching position for the 2025/2026 season. Please be sure to fill out all the areas. Please attach additional pages if the space provided is not enough. All coaches **must** be able to provide a valid police check (VSC) at the time of interview.

Please have your application submitted by the **End of Day Friday, December 15<sup>th</sup>, 2024**. Candidates will then be contacted for interviews which will be conducted early in the new year.

Completed applications are to be submitted via email [to coachdevelopment@fga.ca](mailto:coachdevelopment@fga.ca). If you have any questions regarding the process or next season, please reach out to Rep Director, Kevin [Smoke repdirector@fga.ca](mailto:Smoke.repdirector@fga.ca).

Sincerely,

Flamborough Girls Hockey Association



**APPLICATION TO COACH REP 2025/2026 SEASON \*\***

***Applications due End of Day December 15<sup>th</sup>, 2024 \*\****

Name: \_\_\_\_\_ Age (if under 18): \_\_\_\_\_

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

Postal Code : \_\_\_\_\_ Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_

Email: \_\_\_\_\_

**NOTE: The questions that follow will assist the FGHA in selecting the most qualified coach for each FGHA team. Should you be selected for an interview, additional questions and information may be requested.**

Please check the division and level of the team in which you are applying for and indicate a second choice.

**FIRST CHOICE**

Category: U9 U11 U13 U15 U18 U22

Level: A \_\_\_ BB \_\_\_ B \_\_\_ C \_\_\_ House League \_\_\_

**SECOND CHOICE**

Category: U9 U11 U13 U15 U18 U22

Level: A \_\_\_ BB \_\_\_ B \_\_\_ C \_\_\_ House League \_\_\_



**1. COACHING CERTIFICATIONS:**

| NCCP Level         | Certification number | Date |
|--------------------|----------------------|------|
| Coach 1            |                      |      |
| Development 1      |                      |      |
| Development 2      |                      |      |
| High Performance 1 |                      |      |
| High Performance 2 |                      |      |

Are you willing to attend Coaches Clinics / Workshops to improve your coaching and obtain a higher certification?

YES \_\_\_\_\_ NO

Have you attended a Speak Out or Respect in Sports Clinic: YES \_\_\_\_\_ NO

If yes, date attended: \_\_\_\_\_ Number: \_\_\_\_\_

**2. COACHING EXPERIENCE (hockey or other sports):**

| Years | Association(s) | Category | Level |
|-------|----------------|----------|-------|
|       |                |          |       |
|       |                |          |       |
|       |                |          |       |

**3. DESCRIBE YOUR HOCKEY PLAYING BACKGROUND INCLUDING THE HIGHEST LEVEL YOU HAVE PLAYED AT**

---



---

**4. DESCRIBE YOUR STYLE, PHILOSOPHY AND OBJECTIVES AS A COACH:** Please attach no more than two pages outlining your approach ensuring that the following is covered:

- What is your coaching philosophy?
- What is your approach to fair play?
- What is your philosophy on winning vs. development for the level you are applying for?
- How would you motivate the players and team to perform at their best?



5. WHY DO YOU WANT TO COACH THE TEAM YOU ARE APPLYING TO COACH?

---

---

---

6. WHAT IS YOUR EXPECTED TEAM BUDGET: Please include the total and major components including development, extra ice and tournaments.

---

---

---

7. OUTLINE THE EXPECTED DEVELOPMENT PLAN FOR THE TEAM (An outline of an age-appropriate practice plan would be helpful. Please attach separate page if required.)

---

---

I am aware that I must submit a completed police check (VSC) or consent waiver form as provided by the FGHA for this application to be completed. This consent form must be completed and submitted to the appointed members of the FGHA within thirty (30) days. If not submitted, this application will be null and void.

I acknowledge and agree to adhere to the constitution, by-laws, rules and policies of the Flamborough Girls' Hockey Association and the OWHA.

Signature:

Date:

---

---

FOR FGHA USE ONLY:

Date application received: \_\_\_\_\_

Valid VSC?: YES \_\_\_\_\_ NO \_\_\_\_\_