

FSRA COACHING APPLICATION

Coaching Application

Last Name:			First N	lame:				
Cell #:			Email:					
Please fill out this application to the best of your ability. If you have any questions, comments, or concerns please contact the FSRA Director of Player/Coach Development at development@fortsaskringette.com .								
COACHING POSITION FOR WHICH YOU ARE APPLYING (Check Selections):								
POSITION:	□Coach		□Assistant	Coach				
DIVISION:	☐ Active Start	□U10 – Step 1 or 2	□U10 – Step 3	□U12		□U14	□U1	6 □U19
LEVEL: (U12 OR HIGHER)	□А		□В		[□C		
Do you have a child registered with FSRA? ☐ YES ☐ NO ☐ LEVEL?								
Do you wish to	Do you wish to coach if your child is not at this level? \square YES \square NO							
CURRENT LEVE	L OF CERTI	FICATION (C	Check all tha	t apply):				
NCCP #: Name on certification:								
NCCP Compet	tency Base	d Education	& Training (New)		Co	urse C	omplete:
Community Sport Initiation (CSI)						□Trained	ı	□Certified
Competition Introduction Ringette (CI-1)						□Trainec	l	□ Certified
Competition Introduction Multi-Sport Course – Part B (CI-2)					2)	□Trained	ı	□Certified
Competition Introduction Graduation (CD)								□Certified
Ethics Module (MED)								□Certified
RINGETTE COACHING EXPERIENCE:								
Season	Ass	sociation	Coachi Positio	_		Division		Level

OTHER COACHING EXPERIENCE OR COACHING RELATED COURSES:

Season	Association or Club	Coaching Position	Course	Level	Result (Course)		
	0.00		300.100	1070.	nesure (Course)		
OTHER							
OTHER:							
Would you be interested / willing in taking additional ☐ YES ☐ NO ☐ MAYBE							
coaching development sessions?							
Would you be willing to become a Coach Mentor? \square YES \square NO \square N/A							
REFERENCES (U12 level and higher)							
Name and contact of <u>2 PLAYERS</u> you have coached:							
Reference 1 Nar	ne:	R	Reference 2 Name:				
Phone #:		P	Phone #:				
Email:			Email:				
Lillall.			illall.				
Name and contact of PARENTS OF <u>2 PLAYERS</u> you have coached (must be different from the 2							
players used as references):							
Reference 1 Nar	ne:	R	Reference 2 Name:				
Phone #:		P	Phone #:				
Emaile			Email:				
Email:			Elliali.				

COACHING PHILOSOPHY

Please provide a brief explanation of your coaching philosophy including your ideas on practice, game play, parent communication, player communication, leadership, officials, junior coaches, and any special programs you use or would like to implement, goals, and objectives.

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How do you handle a parent concern/ complaint on your team?
How do you deal with a player that has a poor attitude and that becomes a negative distraction
to the team?
to the team:

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SIGNATURE:	DATE
	G APPLICATION FORM AND RINGETTE ALBERTA ONDUCT FORMS TO FSRA Director of Player/Coach skringette.com.
CONDUCT: Thank you for your application to coach complete a Ringette Alberta Screening Conduct for Coaches Form. If you are su coach, you will be required to submit a are to be completed every two years. Y association. This will be completed at n submit criminal record checks to FSRA.	As per Ringette Alberta Policy, you will need to Disclosure Form and the Ringette Alberta Code of accessful in your application to coach and / or assistant criminal record check. Criminal Record Checks for FSRA ou will be provided with a letter to the RCMP from our o charge. There will be a deadline for all team staff to This deadline will be communicated via email. If it is not II not be allowed to participate in any on-ice or off-ice
Are there other coaches in the associat	ion that you would like to coach with this year?
what are your strengths as a coach? W a coach?	hat area(s) would you like to develop / improve upon as