

.....7 cUW Yg'5 dd`JWUjcb': cfa `



| | | | | | |
|--|-------------------------------------|---|--|------------------------------------|---|
| Name | | | | | |
| Postal Address | | | | | |
| Email Address | | | Date of Birth | | |
| Home Phone | | | Mobile Phone | | |
| Work Phone | | | Fax | | |
| Interest in Coaching (Please tick boxes) | | | | | |
| Summer Sports | Basketball <input type="checkbox"/> | Cricket <input type="checkbox"/> | Rowing <input type="checkbox"/> | Tennis <input type="checkbox"/> | Rifle Shooting <input type="checkbox"/> |
| | Water Polo <input type="checkbox"/> | Sailing <input type="checkbox"/> | Swimming <input type="checkbox"/> | | |
| Winter Sport | Rugby <input type="checkbox"/> | Football <input type="checkbox"/> | Cross Country <input type="checkbox"/> | Athletics <input type="checkbox"/> | Fencing <input type="checkbox"/> |
| | Volleyball <input type="checkbox"/> | Rifle Shooting <input type="checkbox"/> | | | |
| Playing Experience | | | | | |
| Coaching Experience | | | | | |
| Qualifications | | | | | |
| Relevant Education History | | | | | |
| Please provide the name, email and phone numbers of two referees that the selection panel may contact to support your application: | | | | | |
| Referee 1 Name | | | Position | | |
| Email | | | Phone Number: | | |
| Relationship to you: | | | | | |
| Please provide the name, email and phone numbers of two referees that the selection panel may contact to support your application: | | | | | |
| Referee 2 Name | | | Position | | |
| Email | | | Phone Number: | | |
| Relationship to you: | | | | | |

Please ensure this form is completed and returned to:

Mr Michael Aldous
 Sportsmaster
 Sydney Boys High School
 Moore Park
 Surry Hills
 NSW 2010
 email: sportsmaster@sbhs.nsw.edu.au
 fax: (02) 9662 9310