



**WELLINGTON BASKETBALL ASSOCIATION REPRESENTATIVE STAFF 2013
EXPRESSION OF INTEREST FORM**

HEAD COACH / ASSISTANT COACH

Position applied for (circle one on each line):

Head Coach

Assistant Coach

Males

Females

U13

U15

U17

U19

U23

APPLICANT'S DETAILS			
First Name:			
Surname:			
Postal Address:			
Email:			
Phone Numbers			
Driver's License #			
Occupation			
Employer			

I consent to the information on this form being used by the Wellington Basketball Association to compile a database and mailing list for coaches within the Wellington region. I acknowledge my right to access this information.

Applicant's Signature:

Date:

This consent is given in accordance with the Privacy Act 1993.

Current (last 2 years) Coaching Experience:

Coaching Experience CV:

List BBNZ Coaching qualifications or any other relevant (formal and informal) qualifications you have:

Please describe your coaching philosophy

Brief outline on why you want this position:

Please provide 2 referees that are able to support your application:

Name:

Phone:

Email:

Name:

Phone:

Email:

By (specified date), completed Applications to be sent to:

Wellington Basketball Association

Email: info@wellingtonbasketball.co.nz

Or Deliver to: ASB Centre, 72 Kemp Street, Kilbirnie

Or Post: PO Box 9334, Marion Square, Wellington