



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

TEAM MANAGER

Which Team are you applying for (circle one):

Females: U13 U15 U17 U19 U23

Males: U13 U15 U17 U19 U23

APPLICANT'S DETAILS			
First Name:			
Surname:			
Postal Address:			
Email:			
Phone Numbers	Home:	Work:	Cell:
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 Managers 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.

Team Management Experience (last 5 years):

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Any Other Related Work/Sport Experience:

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List any relevant (formal and informal) qualifications/certificates you have: eg. First Aid Certificate

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Brief outline on why you want this position:

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What are your interests/hobbies:

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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