



WESTERN AUSTRALIAN  
CHRISTIAN FOOTBALL  
ASSOCIATION

FFA REGISTRATION NUMBER									
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# FORM 9

## Assistant Coach

This application form is **mandatory** for **assistant coaches** working with teams within the Western Australia Christian Football Association Inc. The WACFA Constitution states that "6.2.4.4 Ensure that referees, assistant coaches and persons holding other positions in the club except those described in Rule 6.2.4.3, are people who (a) support the objects and rules of the Association; (b) support the bylaws of the Association

*Clubs must ensure that this form is **completed** and a copy sent to the Registrar of WACFA for each Club Officer, team coach etc. prior to commencement of the soccer season and prior to the applicant carrying out any duty that requires it.*

*A working with children check is also needed as a requirement of participating in the WACFA competition. A working with children check can be acquired from the post office.*

*Information about the applicant/ nominee ("the Applicant") obtained in connection with this application will be treated in the strictest confidence.*

### The Applicant

*This section normally filled by the Applicant*

Name: .....  
First name Middle Family name

Date of birth: .....

Nominating Club: .....

Position(s) applied for: .....

Present address: .....  
Number Street

.....  
City State Postcode

Telephone: hm.....w.....mob.....

Marital status:..... Email address.....

**Personal Information**

*This section normally filled by the Applicant*

Name and address of previous club or association where you have held a coaching or volunteering role:

.....  
.....

Please list (name and address) any other clubs, associations you have worked with regularly during the past five years:

.....  
.....  
.....  
.....

Do you have a police clearance? Yes / No details:.....

Do you have a Working With Children check? Yes / No

WWC details: .....

Why have you volunteered for this position? .....

.....  
.....  
.....  
.....

Please list any gifts, training, education, or other factors that have prepared you for this position:

.....  
.....  
.....  
.....  
.....

***All details must be filled in before it will be accepted by WACFA***

## **Applicant’s Statement**

*To be completed by the Applicant*

I, the undersigned, declare that-

- The information supplied by me in this application is complete and correct to the best of my knowledge;
- I support WACFA in it’s objective to be guided by and uphold Biblical Christian principles;
- I agree, should my application be accepted, to fully support the objects and ethos of WACFA, and to conduct my own behaviour in accordance with the principles of WACFA whenever performing my duties for WACFA or for my Club;
- I authorise any referee or club or association listed herein to provide to the Management Committee of WACFA any information or evaluations relevant to this application concerning my character and fitness for working with children and young persons;
- I release all such referees and clubs and associations from liability for any harm that may result from furnishing such information or evaluations to the Management Committee of WACFA;
- I release all persons providing or in the normal course of their duties handling such information or evaluations from any obligation to make them available for inspection by me; and
- I agree, should my application be accepted, to be bound by the Rules and By-Laws of the Western Australian Christian Football Association. Inc.

Signed:

.....

Signature	Name – BLOCK LETTERS	Date
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*“IN CONFIDENCE”*

**Applicant’s Reference (1)**

*First part to be completed by the referee*

**Must be from a Leader in a club or association currently or previously attended by the applicant.** Reference shall be followed up by the nominating club prior to approval/ appointment.

Declaration: *I can recommend* .....  
Name of Applicant  
*as a person of good character.*

Name and signature of referee:

.....  
Signature Name – BLOCK LETTERS Date

Name and address of referee and association or club:

.....  
.....

Telephone:.....

***Nominating Club to fill out below:***

Result of contact with referee? Please circle one:    POSITIVE            NEGATIVE

Other comments:.....

.....

Name and signature of Club Officer:

.....  
Signature Name – BLOCK LETTERS Date

Position in Club:.....

Telephone:.....

**Applicant's Reference (2)**

*First part to be filled by the Referee*

Must be from a person, not a relative, who knows the Applicant well. **Reference shall be followed up by the nominating club prior to approval/ appointment.**

Name:.....

Relationship to applicant:.....

Address:.....

.....

Telephone:.....

*Nominating Club to fill out below:*

Result of contact with referee? Please circle one:      POSITIVE                  NEGATIVE

Other comments:.....

.....

Name and signature of Club Officer:

.....

Signature

Name – BLOCK LETTERS

Date

Position in Club:.....

Telephone:.....

***All references must be completed by different people. You cannot provide your own reference. This form must be lodged in WACFA office before any duties **can be carried out** or penalties will be applied to the Club.***

*It is the responsibility of the Member Club to ensure that this form is completed correctly before submission to the WACFA Registrar. Incomplete or incorrectly completed forms will be returned to the nominating club. Should this form be altered in any way it will be deemed invalid.*