

NCCP COMPLETED LEVELS (Please provide certification numbers in the spaces provided)

Coach # _____ Initiation # _____ Speak Out # _____
Intermediate # _____ Trainer # _____ Police Check (date issued) _____
Body Checking # _____

**COPY OF POLICE CHECK MUST BE PROVIDED IF NOT PREVIOUSLY SUBMITTED IN ORDER TO
PROCESS YOUR APPLICATION**

I would prefer my application to be considered as: (please circle ONLY ONE)

POSITION

Head Coach Assistant Coach Trainer Other:

Signature

Date

SELECTION CRITERIA

Please complete the following within the spaces provided

Coaching Experience

Previous experience and results

Success as a hockey coach

Years of experience as a coach

