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| **WAIKATO CENTRAL JUNIOR RUGBY** |
| *“Play hard but play fair”* |
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**Coaching Application for Hamilton Gwynne Shield Teams (under 56 kg)**

**2021 Season**

**Applications open Fri 21st May**

**Applications close Thurs 27th May**

**Name:** ……………………………..……….… **Phone: Home:**……………...…………....

**Address:**……………………………..……….. **Work:**…………….………….…...

…………………………………….……….….. **Mobile:**………….…………..…... ………………………………………………… **Email:**……..……………..……………………….

**Please indicate the position you are applying to coach for**:

Gwynne Shield (Under 56kg): Panthers Wasps

 Tigers Eagles North Waikato

Coaches if you have someone in mind that you would like as your team manager please indicate name and contact details:

**Name:**……………………………… **Phone: Home:**……..…………....

**Email:**……………………………….. **Mobile:**…………….…...

**Proposed Manager has been informed of your request:** Yes/No

All applications must be **attention** to **Graham Wallace** by one of the following options:

**Email: blueburstberries2@gmail.com**

**Posted:** 32 Ringer Rd, RD 7 Hamilton 3287

**Delivered:** To be arranged, PH 0273425378

All applications must be **received** by: **3:00 pm Thursday 27th May**

All applicants to attend interviews at a time and place to be confirmed if required

**Followed by a meeting of all appointed coaches at a time and venue to be confirmed**

**Note:**

* An application form must be completed by all applicants and submitted along with a C.V.
* All coaches and managers will need to have completed the Small Blacks Rugby Courses for 2021
* Appointment of the position will be made by Fri 28th May

**WAIKATO CENTRAL JUNIOR RUGBY**

**Coaching Application Form**

**2021 Season**

**Please list the relevant qualifications or any coaching courses you have done in the past three years?**

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**Please tell us what your coaching philosophy is?**

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**What personal qualities/strengths would you bring to the role you have applied for?**

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| **Name:** |  | **Signed:** |  | **Date:** |  |

Application endorsed by Associated Rugby Club President or Club WCJRB Delegate:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | **Signed:** |  | **Date:** |  |
| **Associated Club:** |  | **Phone:** |  | **Mobile:** |  |