



GKGHA Coach Application Form

All fields on the application are to be filled.

Date Completed:	
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Name:	
Coach Certification Number:	
Telephone Number:	
Email Address:	

Team(s) you applying for:	
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Coach Certifications:

Please indicate all Certifications you currently have.

Certificate/Course	Date of Training/Course	Year Certified (if applicable)
Speak out or Respect in Sport		
Hockey Trainer Certification Program		
Intro to Coach		
Coach		
Development 1		
High Performance 1		
Making Headway – Concussion Awareness		
Make Ethical Decisions		
Managing Conflict		
Keeping Girls in Sport		

Coach Experience – Hockey

ROLE	TEAM LEVEL	ASSOCIATION	SEASON

Organized hockey player experience:

Level of play	Association/league	Years

COACHING ASPIRATIONS

Short Term Goals _____

Long Term Goals _____

List three coaching skill areas you consider to be your strengths:

1. _____

2. _____

3. _____

List three coaching skill areas you wish to improve:

1. _____

2. _____

3. _____

Other (anything else you want us to have on record or makes you a better coach like other volunteer work, work with youth, special and relevant qualifications, professional accreditations, related employment, education and previous coaching awards and/or results):