

Expression of Interest/Nomination Form

Coaches and Managers

Name:	
Email Address:	
Telephone No:	
Mobile No:	
Team Coached last year (if applic):	
Coach Accreditation (If applic):	Yes / No (Please Circle)
Positive Blue Card No:	
Team Managed last year (if applic)	
Preferred Age Group or Team:	
Preferred Association: UPNA/CPNA	
Preferred Training Night:	
Brief detail of Coaching experience:	

Please complete and send a copy of your nomination form to southernstars.netballclub@gmail.com

NB: Coach or Manager of each team will be required to attend the SSNC Coach/Manager meetings throughout the season.