



**CHRISTCHURCH
NETBALL CENTRE**

Pūtahi Poitarawhiti ki Ōtautahi

'Catch Netball's Challenge'

REPRESENTATIVE TEAM SELECTOR APPLICATION FORM

By completing this form you are registering your interest in applying for the position of Selector of the following team(s). (Please indicate 1 – 4 in order of preference)

Under 19 Under 17 Under 16 Under 15

NAME: _____

ADDRESS: _____

Phone No: _____ **(home)** _____ **(work)** _____ **(mobile)**

Email address: _____

Please list your Netball New Zealand Coaching qualifications and the years they were attained. Also outline any other relevant qualifications/experience and/or coaching upskilling seminars/courses recently attended:

What is your motivation for applying for this position?

Please outline your previous team selecting experiences (previous roles, teams, levels etc)

Please outline the attributes that you would bring to a team selecting process.

What is your philosophy about selecting players?

- I understand that if I am appointed to the role of a representative team selector that I will at all times act in a responsible and confidential manner with regards to players abilities, suitability for teams etc.
- I understand that I will be available all day for the days stipulated to be utilised for player selections to attend trials and that if I am a player/coach that I will be required to abstain from my club duties during those days.
- By signing this application for a representative team position I have supplied the above information and state that it is true and correct.

Signed: _____

Please list one referee and his/her full contact details.

Name: _____

Address: _____

Phone: _____

Email: _____

**Return completed and signed application together with any supporting information to:
Netball Development Coordinator
Christchurch Netball Centre
P O Box 9318
Christchurch
by 25 February 2012**

Telephone: 379 4486 optn 2

Email: chchndc@xtra.co.nz