

## **Waka Ama New Zealand**

## **Application Form – National Distance Coach**

Applications close on **6 January 2023 at 5:00pm** and should be forwarded to the Chief Executive via e-mail to lara@wakaama.co.nz or posted to PO Box 42036 Orakei 1745, Auckland.

Note – The short-listing decision will be made on the information received on this application form. CVs will reaffirm information but will not replace this form.

#### Please circle the position you are applying for:

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| --- | --- |
| **J19 Men** | **J19 Women** |
| **Premier Men** | **Premier Women** |

#### Personal Details:

|  |  |
| --- | --- |
| **Full name:** | K |
| **Contact address:** |  |
| **Phone numbers:** |  |
| **Mobile:** |  |
| **Email:** |  |
| **Current Passport: Number** |  |

#### Relevant Coaching Experience:

|  |  |
| --- | --- |
| **Current/most recent Coaching Role** |  |
| **Position held:** |  |
| **Level of competition: (Local, Regional, National )** |  |
| **Achievements gained:** |  |

#### Other Qualifications/Professional Memberships /Certificates or Diplomas relevant to the position:

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#### Other: Experience relevant to the position:

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#### Remuneration Expectation for this position: Whilst some of your expenses will be covered: Are you aware that this role is unpaid?

**YES** (Please circle or highlight)

#### Coaching History – Chronological order after most recent:

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| --- | --- | --- |
| **Coaching Position held** | **Period of position** | **Highest Achievement** |
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*(Repeat above on another sheet if necessary)*

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| 1. **8. STATEMENT**   Please outline why you are applying for this position and why you believe you have the skills to achieve the outcomes. |
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| 1. **REFEREES** | |
| **Character Referee Name:** | |
| Current position: |  |
| Relationship: |  |
| Company/Organisation: |  |
| Contact number: |  |
| Mobile or evening number  if appropriate: |  |
| **Successful Coaching Referee Name (2):** | |
| Current position: |  |
| Relationship: |  |
| Company/Organisation: |  |
| Contact number: |  |
| Mobile or evening number  if appropriate: |  |
| **Project Management Referee Name (2):** | |
| Current position: |  |
| Relationship: |  |
| Company/Organisation: |  |
| Contact number: |  |
| Mobile or evening number  if appropriate: |  |

1. **CRIMINAL & MEDICAL HISTORY**

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| Have you ever been charged or convicted of a criminal or serious driving offence? Yes/No (this question should not be read as requiring you to disclose convictions that you have the right not to disclose in accordance with the Criminal Records (Clean Slate) Act 2004).  If yes please give details: |
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| Have you ever suffered from a significant injury or illness that would inhibit you from carrying out the position successfully? Yes/No. If yes, please give details: |
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#### THE PRIVACY ACT 2020

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| The information you supply on this form, together with any CV and other information provided with your application, will be used to assess your suitability for employment. If you do not provide complete and accurate information, your application is likely to be disregarded. If your application is successful, this information will be held in our personnel files and retained for ongoing employment use. No information will be disclosed to third parties without your authorisation, except as required by law or where we consider disclosure is necessary for purposes connected with your employment. If you are unsuccessful, we will not retain the information without your authorisation. You have the right to view your personal information held by Waka Ama New Zealand Inc. and may request for it to be corrected if necessary. |

#### ACKNOWLEDGEMENT AND CONSENT

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| I have read the above Privacy Act statement. I authorise Waka Ama New Zealand Inc. to collect and disclose personal information about me and from me as is necessary for the purposes set out in the above statement. I also authorise Waka Ama New Zealand Inc. to use the information that I have provided, should I be appointed, for any purposes connected with my employment.  I confirm that the information provided in this application form and in any supporting documents or verbally provided as part of my application is accurate and correct and no material information has been omitted. I understand that any incorrect, misleading or omitted information may disqualify me for appointment, or if I am appointed, may lead to the termination of my employment.  I also authorise Waka Ama New Zealand Inc. to contact the above individuals, who I nominate as my referees for the purposes of my application for the national coaching position. |
| Name:  Signed:  Date: |