



# NEWTOWN CITY HOCKEY CLUB INC.

P.O. BOX 1098, GEELONG, 3213  
KING LLOYD RESERVE, WINDSOR ROAD, NEWTOWN  
ASS. INC. NO. A0003729M  
ABN 52 728 821 945

## Application for Position:      **Head Coach**

Name

Email

Phone Home

Mobile

Postal Address

Hockey Ed Accreditation Level

Working With Children Check no.

First Aid certification (if any)

Please give details of previous coaching experience (where/ when/ who)

Why do you think you would like to take on this position?

Referee name:

Referee Organisation/ Position:

Phone:

Email:

Please forward this application by February 21, 2021 to:

Newtown City Hockey Club, [contact@newtownhockeyclub.com.au](mailto:contact@newtownhockeyclub.com.au)