

606-1185 Eglinton Ave East, Toronto, ON  
 Tel. 416 426 7023 Fax. 416 426 7331  
 www.coachesofcanada.com  
 info@coachesofcanada.com

**For Internal use only**

Membership Category: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Applicant Information**

Family (Last) Name		Given (First) Name			
Home Address:					
Apt/Suite	Street	City	Province	Postal Code	Country
Date of Birth:	Month/Day/Year		Email		
Home Phone	Work Phone	Mobile Phone	Fax		
Language Preference:		Gender:			
English <input type="checkbox"/> French <input type="checkbox"/>		Male <input type="checkbox"/> Female <input type="checkbox"/>			
Mailing Address (If different than above):					
Apt/Suite	Street	City	Province	Postal Code	Country

**Certification Information**

NCCP Passport Number	NCCP Certification level (Indicate highest level attained)	Date	Province
CC:  Sport(s):	Level 2: Full Certification <input type="checkbox"/>	_____	_____
	Level 3: Full Certification <input type="checkbox"/>	_____	_____
	Level 4: Full Certification <input type="checkbox"/>	_____	_____
	Level 5: Full Certification <input type="checkbox"/>	_____	_____
Are you currently enrolled in a National Coaching Institute?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you received a diploma from a National Coaching Institute?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location	Date of Graduation		
Have you completed any additional professional development programs that relate directly to your coaching position?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Course Name & Description		Dates	

**Post Secondary Education**

	University or College	Program Name	Attended From:	To:	Degree(s)
Basic Degree or Diploma					
Graduate Degree or Diploma					
Additional Courses	Attended from:	To:	Certificate or diploma acquired		

I wish to apply for equivalent professional experience in lieu of the post-secondary education requirement.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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**Professional Coaching Experience**

Indicate the year you began actively working as a certified coach:		
Indicate the number of hours per week you are currently working as a certified coach:		
Indicate the number of months per year that you are currently working as a certified coach:		
Have you, at any point, been employed as a full-time, year-round coach?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location	Position	Dates

Have you worked as a coach at a major games? (Olympic, Paralympic, Commonwealth or PanAm Games)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Location	Position	Dates
Location	Position	Dates

Do you have experience coaching international calibre athletes or teams?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Athlete/Team	Competition or series name	Dates
Athlete/Team	Competition or series name	Dates

<b>Primary Coaching Employer Name</b>		From	To
Address			
Apt/Suite	Street	City	Province Postal Code Country
Phone	Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid Position Yes <input type="checkbox"/> No <input type="checkbox"/>	% of income (0,25,50,75 or 100%)
Contact Person			
Name		Phone	

<b>Second Coaching Employer Name</b>		From	To
Address			
Apt/Suite	Street	City	Province Postal Code Country
Phone	Full Time Yes <input type="checkbox"/> No <input type="checkbox"/>	Paid Position Yes <input type="checkbox"/> No <input type="checkbox"/>	% of income (0,25,50,75 or 100%)
Contact Person			
Name		Phone	

<b>If your primary source of income comes from employment outside of coaching, provide details of your employment.</b>			
<b>Employer Name</b>		From	To
Address			
Apt/Suite	Street	City	Province Postal Code Country
Phone	Fax		
Contact Person			
Name		Phone	

**Declaration of Good Character**

Is there recorded on any register of any coaching regulatory or licensing body or equivalent organization any finding against you of professional misconduct or incompetence?

Yes  No

Have you ever been found guilty of any offense under a national or international coaching or sport governing body and its regulations?

Yes  No

I hereby apply for membership in Coaches of Canada. I declare that the information in this application is true and complete to the best of my knowledge. I understand that a false statement or misrepresentation may disqualify me for membership. If I am accepted, I declare to abide by the Coaches of Canada Coaching Code of Ethics and Code of Conduct. I understand that the Code of Ethics and Code of Conduct will be sent to me upon receipt of my membership and that my membership fee must be paid for me to be a member "in good standing".

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Additional Information to be submitted with application**

In addition to completing this application, you are required to submit the following documents:

- ⇒ Two letters of reference letter written by a current employer; and/or a member in good standing with Coaches of Canada; and/or a National Sport Organization; and/or a Provincial Sport Organization attesting to your moral and ethical character, confirming your professional employment and the duration of your employment.
- ⇒ A current police background records check for persons seeking employment or volunteer roles serving a vulnerable sector of the population.(within 3 years)
- ⇒ Copies of degree(s) or diploma(s)
- ⇒ A current coaching resume

**Method of payment\*\*:** Annual membership fee is CAN \$50.00

- I am currently enrolled in a NCI, and wish to apply for student membership, fees CAN \$25 (rate valid for up to 2 years only)
- Cheque enclosed (Payable to **Coaches of Canada**), or
- Invoice my NSO/Employer, or
- Payment by credit card.                      Visa                       MC

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Signature: \_\_\_\_\_

\*\*Applications will not be processed until payment has been received.

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