

COACHES of Canada

108 - 3 Concorde Gate, Toronto, Ontario, M3C 3N7
 Tel. 416.426.7023 Fax. 416.426.7331
 www.coachesofcanada.com
 info@coachesofcanada.com

Application for Membership

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		French		Male	Female
				<input type="checkbox"/>	<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					
I wish to apply for equivalent professional experience in lieu of the post-secondary education requirement.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Courses		Attended from:	To:	Certificate or diploma acquired	

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

Primary Coaching Employer Name		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	

Second Coaching Employer Name		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	

If your primary source of income comes from employment outside of coaching, provide details of your employment.			
Employer Name		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. I understand that the Code of Ethics 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 \$75.00

- I am currently enrolled in a NCI, and wish to apply for student membership, fees CAN \$50 (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.

108 - 3 Concorde Gate, Toronto, Ontario, M3C 3N7 Tel. 416.426.7023 Fax: 416.426.7023
website: www.coachesofcanada.com email: info@coachesofcanada.com

