

Member Transition - Information Form

For Internal use only

Member Since: _____
Membership Category Assigned: _____
Date: _____

Member 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					
I wish to apply for equivalent professional experience in lieu of the university degree requirement.				Yes <input type="checkbox"/>	No <input type="checkbox"/>
Additional Courses		Attended from:	To:	Certificate	

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	

Additional Information to be submitted with information form



- A current police background check (within 3 years)
- Copies of degree(s) or diploma(s)
- A current coaching resume

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 declare that the information provided in this information form is true and complete to the best of my knowledge. I understand that a false statement or misrepresentation may disqualify me for continued membership. I declare to abide by the Coaches of Canada Coaching Code of Ethics. I understand my membership fee must be paid for me to remain a member "in good standing".

Signature

Date

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