# FOREST LAKES BALL CLUB INC COACHES NOMINATION FORM
# 2026 / 2027 SEASON

| NOMINEE INFORMATION: | | | |
|---|---|---|---|
| Name: | | | |
| Address: | | | |
| Suburb: | | Post Code: | |
| Mobile Number: | | | |
| Email Address: | | | |

| COACHING POSITION: | | | | | |
|---|---|---|---|---|---|
| For which age group are you nominating to coach? | | | | | |
| Kindy U7's ☐ PP U7's ☐ U8's ☐ U9's ☐ U10's ☐ U11's ☐ U12's ☐ U13's ☐ | | | | | |
| Do you have a child registered in that age group? | Yes ☐ No ☐ | | | | |
| If Yes, Childs Name: | | | | | |
| Do you hold a valid Working With Children Check? | Yes ☐ No ☐ | | | | |
| If YES, has a copy been provided to club? Yes ☐ No ☐ If NO, are you willing to obtain one? Yes ☐ No ☐ | | | | | |
| Do you hold TBAWA coaching accreditation? | Yes ☐ No ☐ | | | | |
| If YES, whats your number? | | | | | |
| Are you willing to undertake accreditation required by FLBC? | Yes ☐ No ☐ | | | | |
| Have you coached Tee Ball previously at a different club? | Yes ☐ No ☐ | | | | |
| If YES, For which club? | | For How Many Years? | | For which age group? | |
| I wish to be considered for the coaching position as I believe I can offer the following: | | | | | |

| | | | |
|---|---|---|---|
| I have read the Coaches Code of Conduct and agree to abide by its principles, expectations, and responsibilities at all times while representing the Club and participating in any Club or Association activities YES ☐ | | | |
| Nominee Signature:: | | Date | |

**Terms & Conditions:**

1. The Forest Lakes Ball Club Committee will review all coach nominations and assess each applicant based on their suitability, conduct, and ability to uphold the values and expectations of the Club.
2. All persons placing a nomination will be contacted with the Clubs decision
3. Coaches will be required to complete mandatory accreditation required by the Club

**Email completed form to coachescoordinator@flbc.net.au**