**Name:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City of residence: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Please indicate any Certifications you have attained.

* **ALL** team staff require RIS/Speak Out certification and a Police Clearance.
* MAA and BAA require HP1 and all other Rep Head Coaches require D1.

|  |  |  |
| --- | --- | --- |
| **Level** | **Certificate Number** | **Date Achieved** |
| Speak Out/Respect-in-Sport |  | n/a |
| Police Clearance | n/a |  |
| Coach 2 (formerly Coach Level) |  |  |
| Development 1 |  |  |
| High Performance 1 |  |  |
| Other |  |  |

**Please indicate for which age group you are applying and your preferred level, i.e. PWA.**

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Please attach a document to this application that includes, at a minimum, the following details:

1. Your coaching philosophy summarized in one paragraph
2. What you can contribute to the EDGHL Rep program
3. Your coaching experience to date, both in hockey and other sports
4. Your playing experience in hockey
5. Relevant training and/or courses you have taken
6. A minimum of two references

You will be contacted by the Rep Director upon receiving your application.

Deadline for applications is

EDGHL Coach Application