

Inter Region Team Official Application form



Given Name:		Family Name:	
Preferred Email Address:			
Phone (W):	Mobile Phone:	Drivers Licence No:	
Teacher: Yes No	Teacher Registration Number and Expiry:		
Region:			
Related School:		Workplace:	
Ochre Card Number (compulsory)	Exp Date	Gender: Male	Female
Emergency Contact Person:		Emergency Contact Phone:	
Medicare Number: Position on Card:	Exp Date:	Medical Condition:	
Dietary/ Allergies Requirements:		Medication:	
Private Health Fund Name: Membership Number:		Date of Last Tetanus Injection:	
I give permission for Convenors/Organisers to obtain medical / dental treatment for me if considered necessary.			Yes No
I accept responsibility for any cost involved with medical or dental treatment I receive.			
I give permission for the use of my name and photographs for promotional purpose including online and media publications used by School Sport NT, School Sport Australia and the NT government.			Yes No
I am of Aboriginal or Torres Strait Islander origin.			Yes No
Signed:		Date: / /	
<i>The purpose for collecting this information is to ensure our Duty of Care to children when at a School Sport NT event is met. This information provided shall not knowingly be used for any other purpose that is reasonably with in our control.</i>			

In Priority Order, please list below the position/s you wish to apply for as listed on the advertised team official's positons attached:

Preference	Sport	Age Group	Boys/Girls	Position
1		12 / 15	B / G	Coach/ Manager
2		12 / 15	B / G	Coach/ Manager
3		12 / 15	B / G	Coach/ Manager

Please provide additional information to support your application on the attached form

Principals Endorsement: _____ Date: / /



Name:

Relevant Qualifications/Experience

Referees Names & Contact Numbers

Name	Email	Mobile Contact