

School of Sport Education NT Team Official Registration form

Region:

Sport:

Given Name:		Family Name:				
Preferred Email Address:						
Phone (W):		Mobile Phone:		Drivers Licence No:		
Teacher: Yes No		Teacher Registration Number and Expiry:				
Related School:			Workplace:			
Ochre Card Number: (Compulsory and copy to be attached)		Exp. Date:		Male	Female	
COVID-19 Vaccination Status (Compulsory and certificate to be attached)		Date 1 st :	Date 2 nd :		Date 3 rd :	
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 of Sport Education NT, School Sport Australia and the NT government.					Yes	No
Signed:				Date: / /		
<i>The purpose for collecting this information is to ensure our Duty of Care to children when at a School of Sport Education NT event is met. This information provided shall not knowingly be used for any other purpose that is reasonably within 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 positions attached:

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

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

Principals Endorsement: _____ Date: / /

Team official application form

Name:

Relevant Qualifications/Experience

Referees Names & Contact Numbers

Name	Email	Mobile Contact

