



Coaching Certification / Application



COACH INFORMATION

Name:	DOB:	Division:
Address:		
Phone:	email:	
Application: Head Coach <input type="checkbox"/> Assistant Coach <input type="checkbox"/> Trainer <input type="checkbox"/> Manager <input type="checkbox"/>		
Level: AAA <input type="checkbox"/> AA <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> House / Recreation <input type="checkbox"/>		
Novice	Atom	PeeWee Bantam Midget

HNS SCREENING POLICY

Criminal Records Check:	Valid within past 3 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if YES date:
Child Abuse Registry:	Valid within past 3 years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	if YES date:

HNS COACHING CERTIFICATION

Development I	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Initiation Program	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Hockey Canada Safety Program (HCSP)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
HCSP Level II	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Hockey Canada Speak-Out:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	**Mandatory requirement for all new bench staff

HNS COACHING REQUIREMENTS

All Coaches at **AAA, AA, A, B** must have **Development I** by Dec 31st.
 All Coaches and Instructors at **Initiation** and **Novice** levels must have **Initiation Program** by Dec 31st.
 All Bench Staff at **AAA, AA, A** levels must have **Hockey Canada Safety Program** by Dec 15th.
 All teams at the **B** and **Recreational** levels must have at least one member of Bench Staff with **HCSP** by Dec 15th.

All bench staff must complete the screening process as outlined by HNS Screening Policy. Coaches/Team Officials must submit all documentation for the Child Abuse Registry and Criminal Record checks within thirty (30) days of an individual's involvement in any On-Ice or Off-Ice activity within any association, team or league. The responsibility lies with all minor hockey associations/leagues/teams to ensure that all bench staff have completed the process as outlined in the HNS Screening Policy by December 15th of the current playing season.

* A person who requires more than one coaching certification requirement is only required to obtain one per season.
 **All coaches, including assistants, trainers and managers, shall have completed the Speak Out course by December 15th, no bench staff is permitted on the bench after that date without it.

APPLICANT ACKNOWLEDGEMENT

I understand that if I have not obtained the required certification by the deadlines indicated that I am ineligible to participate as a member of the Bench Staff, and that I am not permitted on the bench.	
I will abide by these requirements.	
Signature: _____	Date: _____

MHA VALIDATION

I have verified with the Hockey Canada Registry that the above information is accurate.		
Name: _____	Signature: _____	Date: _____

PREVIOUS COACHING EXPERIENCE

OTHER TRAINING CREDENTIALS / ACCOMPLISHMENTS

PRIMARY REASON FOR APPLYING

COACHING PHILOSOPHY

RESTRICTIONS / CONDITIONS SURROUNDING APPLICATION (i.e. practice times, etc)

GOAL(S) FOR THIS TEAM DURING THE UPCOMING SEASON

OTHER COMMENTS