

COACH APPLICATION FORM - 2026

Contact Details:

Name:				
Address:				
Mobile: _		Email:		
	With Children Card No:			
Age Grou	o Preference:			
_	e your preference/s for age	groups i.e. 1st, 2nd, 3rd fo	or season 2026.	
Note number o	of teams/age group splits wi	ll depend on player num	bers.	
□ U/10's □	U/12's □U/14 □U/16	6 □U/18's □Snr's		
Coaching	Experience			
	Experience	Yes / No		
Have you	coached previously?			
Have you o	coached previously? hber of yrs. experience?			
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Training Availability

What days and times would you be available to coach?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
						Game Day



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What do you believe	is important for the age o	roup you are applying for.	
			_
			
What outcome/s wou	ld you wish to achieve w	ith a team in season 2026?	
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Applicant agreem	ent:		
I agree to attend a dis	cussion with a selection pane	el.	
I agree to abide by the	e AFL Coach Code of Condu	ct as well as the Clubs code of conduc	ct.
I agree to follow the d	irections & decisions of the c	ommittee and all Club policies.	
	one club – Jnr & Snr. Coach of the club, not operate as or	es will need to be able to work within t e team.	this
	required to fully implement t r age group coached are bei	the clubs Player Development Planing implemented.	ensuring
Name	 Signature	 Date	

Completed applications are to be forwarded to: secretary@dcwfc.com.au

Applications close 21st September 2025