1. **Personal Details (Please use capital letters):**

|  |  |
| --- | --- |
| **Name:** |  |
| **Address:** |  |
|  |  |
| **Email:** |  |
| **Phone:** |  |
| **Mobile:** |  |
| **Club:** |  |

1. **Code of Ethics & Good Practice for Young Players**

|  |
| --- |
| **Garda Vetting:**Please attach a copy of your Garda Vetting Certificate to application. If you have not yet applied to be Garda vetted please go to http://ladiesgaelic.ie/club/code-of-ethics/ and complete the E-Vetting for the LGFA, **ASAP.** |

1. **Coaching qualifications (Please tick relevant box):**

|  |  |
| --- | --- |
| **LGFA Fundamentals Coaching Course** | **LGFA Level 1 Coaching Course** |
| **Yes** |  | **No** |  | **Yes** |  | **No** |  |
| Date: | Date: |

Please list the name of other coaching courses you have completed which is relevant to your application:

1. **Management Experience:** (List previous managerial roles / experience (applicable to club / county):
2. **Any other relevant information:** (additional qualifications, skills or experiences & attach certificates)

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1. **Proposed Management Team:**

(Applicants must specify (if possible) their full management team prior to interview stage)

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Club** | **Garda Vetted** |
| **Yes** | **No** |
| Team Selector |  |  |  |  |
| Team Selector |  |  |  |  |
| Female Liaison Officer |  |  |  |  |
| Team Administrator |  |  |  |  |
| Fitness Coach |  |  |  |  |
| **Other (State Role)** | **Other (State Name)** | **Other (State Club)** |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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1. **References:** Please supply the name, address and contact details of two people whom the Mayo LGFA can contact that from their personal knowledge are willing to endorse your application.

|  |  |
| --- | --- |
| **Referee (1):** | **Referee (2):** |
| Name: | Name: |
| Address: | Address: |
| Address: | Address: |
| Email: | Email: |
| Number: | Number: |
| Club: | Club: |
| Position: | Position: |

1. **General Information:**

|  |  |  |
| --- | --- | --- |
| a) Do you agree to abide by the guidelines of Code of Ethics & Good Practice for Young Children | *Yes* | *No* |
| b) Do you agree to abide by the rules of the Ladies Gaelic Football Association and the Mayo LGFA? | *Yes* | *No* |
| c) Do you agree to abide by the LGFA Code of Best Practice for Senior County Management  | *Yes* | *No* |
| d) Do you agree to abide by rules regarding purchasing for Mayo LGFA It is your responsibility to pay in full suppliers of any purchases, that are not approved by Mayo LGFA  | *Yes* | *No* |

**Insert any additional Information you feel relevant to your application**

1. **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: / / /**