 **Galway Ladies Gaelic Football Association**

**Inter County Management Application Form**

**Senior County Manager**

 **Position applied for:**

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

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

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

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| --- |
| **Garda Vetting:**Please attach a copy of your Garda Vetting Certificate to application, if you have not yet applied to be Garda vetted please download a form from [www.ladiesgaelic.ie](http://www.ladiesgaelic.ie) and forward onto Paula Prunty, Croke Park, Dublin 3 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):*

1. **Playing Experience**

*List previous playing experience (applicable to club / county):*

1. **Proposed Management Team:**

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Position** | **Name** | **Club** | **Garda Vetted** |
| **Yes** | **No** |
| Team Selector |  |  |  |  |
| Team Selector |  |  |  |  |
| Female Selector |  |  |  |  |
| Team Administrator |  |  |  |  |
| Medic / First Aid / Physio |  |  |  |  |
| Fitness Coach |  |  |  |  |
| Other (state role) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **References:**

*Please supply the name, address and contact details of two people whom the Galway 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: |
| 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 Galway Ladies Gaelic Football Association? | *Yes* | *No* |
| c) Do you agree to abide by the Galway Code of Best Practice for Inter County Management  | *Yes* | *No* |

1. **Any other relevant information:**

*List any additional qualifications, skills or experiences that may be relevant to position applied for & attach certificates of qualifications:*

1. **Budget**

Please provide a draft annual budget, upon agreement with management team, as to the expected running costs of your team (costs should include expectations for professional services e.g. physio, strength & conditioning, professional services, team building, expenses). Note – transport, gear and equipment will be provided by ***Galway Ladies County Board*** for all teams.

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