



**Insert County Logo Here**

**Limerick Ladies Gaelic Football Association**

**Inter County Management Application Form**

Adult County Manager

**Position applied for:**

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

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

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 Liaison Officer | **Appointed By County Board.** | | | |
| 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 (Insert County) 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 Limerick Ladies Gaelic Football Association? | *Yes* | *No* |
| c) Do you agree to abide by the Limerick 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, using the attached template 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 Limerick Ladies County Board for all teams.

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

**Draft Budget Plan**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Describe the Activity/Project/Personnel** | **Estimate Total Cost**  **€** | **List of Potential**  **Funding sources/Initiatives** | **Target funding from source/initiative**  **€** | **Key Individuals Involved** |
|  |  |  |  |  |
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