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**Longford Ladies Gaelic Football Association**

**Inter County Management Application Form**

Intermediate County Manager 2019/2020 Season

 **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 Liaison Officer |  |  |  |  |
| 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 Longford 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 ***(Insert County)*** Ladies Gaelic Football Association? | *Yes* | *No* |
| c) Do you agree to abide by the ***Longford*** 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 but not limited to expectations for professional services e.g. physio, strength & conditioning, professional services, team building, expenses). Note – transport, gear and equipment will be provided by Longford LGFA for all teams.

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