**Hong Kong Lawn Bowls Association**

**Recruitment of Coaches for**

**Youth Development Programm 2018 - 2019**

**Application Form**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Post applied\* : |  | Hong Kong Youth Development Team  香港青少年發展隊 | | | |  | Young Athletes Scheme  青苗草地滾球培訓計劃  Prefer Centre:  (ALC / TKO / SLY / TM / VP) | | |
|  | Pre-Youth Squad  青苗精英隊  Prefer Centre:  (IE / TM ) | | | |
| Name in English : |  | | | | | | | | |
| Name in Chinese : |  | | | | | | | | |
| Affiliated Club : |  | | | | | | | | |
| H.K. I.D.No. : |  | | | | | | | | |
| Gender : |  | | | | | | | | |
| Date of Birth : | yy mm dd | | | | | | | | Age : |
| Occupation : |  | | | | | | | | |
| Tel.No. : | (Office): | |  | (Fax) : | | | |  | |
|  | (Home) | |  | (Mobile) : | | | |  | |
| E-Mail Address: |  | | | | | | | | |
| Residential Address : |  | | | | | | | | |
|  |  | | | | | | | | |
| **Academic Qualifications :** | | | | | | | | | |
| **Coaching Qualifications\***  : | HK Coaching Committee (HKCC) | | | | HKLBA | | | | |
| * Level I Part A (HKCC) | | | | * Level I Part B & Part C (HKLBA) | | | | |
|  | * Level II Part A (HKCC) | | | | * Level II Part B & Part C (HKLBA) | | | | |
|  | * Level III Part A (HKCC) | | | | * Level III Part B & Part C (HKLBA) | | | | |
| **Coaching Experiences :** | | | | | | | | | |
|  | | | | | | | | | |
| **Bowling History and Achievements :** | | | | | | | | | |
| League Competitions : | | | | | | | | | |
| National Competitions : | | | | | | | | | |
| International Competitions : | | | | | | | | | |

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| --- | --- | --- | --- |
| **Languages Level :** *(please put* ***fluent, good, moderate or basic*** *under each box below)* | | | |
| **English** | | **Chinese** | |
| Spoken | Written | Spoken | Written |
|  |  |  |  |
| **PC Literatcy :** *(e.g. Word, Excel, etc)* | | | |
|  | | | |
| **Awareness/knowledge of Child Protection in sport and equal opportunity issues in the context of Hong Kong \* :**   * Yes * No | | | |
| I hereby confirm that the above information is correct. | | | |
| Fill in date : |  | Signature : |  |
|  |  |  |  |
|  |  |  |  |
| FOR OFFICE USE ONLY | |  | |
| Received on : | | Handled by : | |
| Remarks : | | | |

***\**** *Please 🗸 the appropriate box(es).*