

## APPLICATION FORM

### A. PERSONAL INFORMATION – used for registration and reimbursement purposes

<b>Legal Last Name:</b>			
<b>Legal First Name:</b>			
<b>Preferred Name to be Called:</b>		<b>Middle Initial(s):</b>	
<b>Preferred Gender Pronoun:</b>	<input type="checkbox"/> None preferred <input type="checkbox"/> They <input type="checkbox"/> Ze <input type="checkbox"/> He <input type="checkbox"/> She <input type="checkbox"/> A pronoun, not listed:		
<b>Status Card #:</b> <i>If Applicable</i>			
<b>Ancestry:</b>	<input type="checkbox"/> First Nation (Status) <input type="checkbox"/> Métis (Status) <input type="checkbox"/> Inuit <input type="checkbox"/> Non-Native <input type="checkbox"/> First Nation (Non-Status)		
<b>IF YOU'VE BEEN SELECTED AS A DELEGATE FOR THIS OCC OPPORTUNITY BEFORE, please check this box:</b>			
			<input type="checkbox"/>
<b>IF YOU'VE APPLIED AS A TEAM ONTARIO COACH FOR 2019 NAHC OR 2020 NAIG, please check this box:</b>			
			<input type="checkbox"/>
<i>List any Medical, Allergy or Food Considerations:</i>			
<i>Emergency Contact Name:</i>		<i>Emergency Phone Number(s):</i>	
<b>Health Card #:</b> <i>10 Digits and Version Code (two letters), If Applicable</i>		<b>Date of Birth:</b> <i>(dd/mm/yyyy)</i> <i>Must be 16+</i>	
<b>NCCP #:</b>		<b>Current Age:</b>	
<b>Phone #:</b> <i>(Primary)</i>		<b>Phone #:</b> <i>(Secondary)</i>	
<b>E-mail:</b>			
<b>Community/Band(s) Represented:</b>			
<b>Mailing Address</b>			
<b>City/Town:</b>		<b>Postal/Zip Code:</b>	
<b>Province/State:</b>	ONTARIO	<b>Country:</b>	CANADA
<b>ABORIGINAL COACHING MODULES (ACM) - FRIDAY, APRIL 5<sup>TH</sup> [9:00 a.m.- 6:00 p.m.]</b> <i>ISWO requires your MANDATORY PARTICIPATION in this course, unless already certified.</i>			
<b>Have you previously completed the ACM?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure		
<b>EACH NCCP COURSE OFFERED DURING #OCC19 MAY OVERLAP WITH OTHER SESSIONS BEING HELD THAT DAY.</b> Please check a box to identify any other courses you may be interested in pre-registering for, below:			
<b>MENTORSHIP</b>	<b>RESISTANCE TRAINING</b>	<b>MAKING ETHICAL DECISIONS</b>	
<input type="checkbox"/> FRIDAY [9:00 a.m.- 4:30 p.m.]	<input type="checkbox"/> FRIDAY [12:30 p.m.- 4:30 p.m.]	<input type="checkbox"/> SUNDAY [10:45 a.m.-2:45 p.m.]	

**B. PLEASE ANSWER THE FOLLOWING**

1) Provide a brief overview of your experience in sport or recreation as a leader, if any, and list of any other sports/activities in which you are involved with (as an athlete, volunteer, official, administration, etc.). Feel welcome to share any other relevant information that you may want ISWO to know about you.

2) Why do you think it is important to have Indigenous coaches and/or why is leading any age with an interest to participate so important?

3) State why you are currently choosing to pursue this opportunity or how being selected would assist you in your own coaching endeavours?

**IF MORE SPACE IS NEEDED TO COMPLETE ANY SECTION(S) OF THIS APPLICATION:**

*Attach a separate document and check this box (right)*

**C. DECLARATION – STATEMENT OF UNDERSTANDING**

I understand and agree that submitting this application form does not automatically register me as an ISWO Delegate for the 2019 Ontario Coaches Conference (#OCC19). If selected, I am prepared to provide ISWO with tentative travel plans to confirm my acceptance and in order to complete this registration process using the details provided. It is also understood that participation within the NCCP Aboriginal Coaching Module is mandatory unless I am already certified within this course. ISWO will reimburse receipts presented for up to a \$200 (in total, per person) for travel and/or accommodations only. Any additional expenses must be covered on my own or sought through the assistance of another sponsor. By submitting this form, I understand that I must attend the conference in its entirety to be selected, and that the information I have provided is both true and accurate.

\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Signature of Applicant*      *dd / mm / yyyy*

