

香港曲棍球總會
九龍衛理道六號京士柏曲棍球場行政大樓一樓
THE HONG KONG HOCKEY ASSOCIATION
Administration Block, 1/F, King's Park Hockey Ground,
6 Wylie Road, Kowloon, Hong Kong
電話 (Tel): (852) 2782-4932
傳真 (Fax): (852) 2384-0535
電郵 (Email): hkha@hockey.org.hk
網址 (Website): www.hockey.org.hk



本會為國際曲棍球協會、
亞洲曲棍球協會及
中國香港體育協會
暨奧林匹克委員會的屬會
Affiliated to the Federation Internationale de Hockey,
the Asian Hockey Federation and
the Sports Federation
and Olympic Committee of Hong Kong, China.

HKHA Level 2 Coaching Course 2018

The HKHA Level 2 Coaching Course is designed for coaches who lead a series of sessions at clubs/schools and or a representative environment. The modules of the course have been developed to equip coaches to coach players of different age groups from young children to adults.

The course will consist of both practical and theory workshops and assessments.

Date & Time: 24/Mar/2018 (9:00am – 6:00pm)
25/Mar/2018 (9:00am – 6:00pm)
30/Mar/2018 (9:00am – 6:00pm)

Venue: King's Park Hockey Ground - Conference Room, 6 Wylie Road, Kowloon

Requirement: Applicants need to be 16 years old (minimum), hold an HKHA Level 1 Coach Certificate (or equivalent) and must have a minimum of 20 hours coaching experience, these hours does not include match times.

Fee: HK\$300 per person

Space: 25 persons

Deadline: 21st March 2018 (Wed)

Please send your application form and course fee to
The Hong Kong Hockey Association, Administration Block, 1/F, King's Park Hockey Ground, 6 Wylie Road, Kowloon, and
Attention: Mr Jacky SO.

Cheque should be payable to
"The Hong Kong Hockey Association"

Remark: This course will be conducted in English.
Selection of applicants will be confirmed by the HKHA P&D Committee on a first come first serve basis

Enquiry: Tel: 2782 4932 (Monday – Friday, 09:00 – 18:00)
Email: jackyso@hockey.org.hk

---This event is co-funded by the Hong Kong Coaching Committee---

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HKHA Level 2 Coaching Course

Application Form

Attach photo

| For Office Use: | |
|------------------------|--|
| Reference No.: | |
| Status: | |
| Date of received: | |

Name: _____ **(Surname)**

_____ **(Given names)**

Date of Birth: _____ **Gender:** _____

Occupation: _____

Address _____

Tel: _____ **Fax:** _____

Mobile: _____

Email: _____



Applicant's Hockey Playing and Coaching Background:

1. Hockey Playing Experiences: *(both local and overseas)*

Please tick the appropriate boxes accordingly.

| | Experience (Years) | Name of Club(s) / Team(s) |
|---|--------------------|---------------------------|
| <input type="checkbox"/> Mini hockey (Under 12) | | |
| <input type="checkbox"/> Youth hockey (Age 12 - 18) | | |
| <input type="checkbox"/> Adult hockey (18 +) | | |
| <input type="checkbox"/> National | | |

2. Hockey Coaching Experiences: *(both local and overseas)*

Please tick the appropriate boxes accordingly.

| | Experience (Years) | Name of Club(s) / Team(s) |
|---|--------------------|---------------------------|
| <input type="checkbox"/> Mini hockey (Under 12) | | |
| <input type="checkbox"/> Youth hockey (Age 12 - 18) | | |
| <input type="checkbox"/> Adult hockey (18 +) | | |
| <input type="checkbox"/> National | | |

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3. Level of coach accreditation (if any)

_____ Completion Date: _____
_____ Completion Date: _____
_____ Completion Date: _____
_____ Completion Date: _____

4. First-Aid (if any)

_____ Completion Date: _____

I declare that all information provided in the application is true and accurate. I understand that non-conformity with the submitted information without valid reasons, breach of terms might result in rejection of the application

I understand the course will be conducted in English. Once my application is accepted, no refund or pro-rata refund will be made under any circumstance.

The results of the application will be notified in written reply.

I understand that the acceptance of my application will be subject to the final decision of the HKHA P&D Committee.

Name: _____

Date: _____

Signature: _____