



LEVEL 2 SQUASH COACHING ACCREDITATION INFORMATION PACK

Course Dates: _____

Course Location: _____

Course Number: _____

Training Program Assessor: _____

PLEASE RETURN THE NOMINATED FORMS TO THE NATIONAL COACHING
MANAGER (NCM) AT SQUASH AUSTRALIA ONCE YOU HAVE COMPLETED
ALL
THE MANDATORY COMPONENTS:

NATIONAL COACHING MANAGER
OFFICE 9, SPORTS HOUSE
150 CAXTON STREET
MILTON QLD 4064
PH: (07) 3367 3200 FAX: (07) 3367 3320



Australian Government

Australian Sports Commission



friendship **action** fitness

HOW TO ACCREDIT CHECKLIST

Step 1

To be eligible for L2 accreditation, you must have successfully completed and passed the **Intermediate Coaching General Principles Course**.

To access the course, contact your State/ Territory Coaching Centre and contact details can be found by visiting the ASC's online learning portal at <https://learning.ausport.gov.au>

If you do not have internet access, please contact your State/Territory organisation who can provide phone and postal address contact details in order to register.

Step 2

Once you have successfully completed the ASC Intermediate General Principles Course, you can then enrol in a Level 2 Coaching Course (~35 hours) or Training Program (variable hours). These L2 Courses are conducted by your national body, Squash Australia, and are generally conducted once/ year in a major capital city.

To find out when the next available course is, contact the National Coaching Manager directly for details at either jeffrey.wollstein@squash.org.au or jeffrey.wollstein@bigpond.com

Step 3

Once you have enrolled in the L2 Course you can start your **Rules Exam** at anytime. This is the full Australian Rules Exam and you must gain a minimum of 85% in all 4 sections of the paper. If you do not pass all 4 sections first time then you are only required to repeat the section(s) that you did not pass. Contact the Squash Australia National Refereeing Manager, John Small, for further details and the Exam itself at johnsmall@inet.net.au

Step 4

In most cases, candidate coaches will be required to attend the full 35 hour Course during which they will be practically assessed at various points in time.

Step 5

After the Course, candidates may be required to undergo a certain amount of **post-course practical coaching requirements** outlined by their Level 2 Assessor, unless they have already passed at the end of the Course itself. Candidates must submit themselves to a L2 Assessor for re-assessment at mutually agreeable times until the Assessor is satisfied that the candidate coach is competent to coach at the intermediate level.

If the L2 Assessor requires it, the candidate coach must keep a record of coaching hours by filling in the Coaching Practice Verification Form (attached) and then supplied to the Assessor for verification (see Step 7).

Finally, there are 2 additional technical assessment tasks:

- a) Evidence of Technical Knowledge; and
- b) Evidence of Planning Skills

Both of these will be provided on-course in a detailed Level 2 Workbook contained on a CD.

Step 6

Squash Australia strongly recommends taking out **Coaches Insurance**. To do so, you have the option of obtaining membership through SACS or the PSCAA. Alternatively, you may choose to take out your own insurance privately. SACS and PSCAA membership forms are included in this pack.

If you select PSCAA Membership, you need to become a member and indicate on the **Accreditation Form** your registration number.

Step 7

After the completion of the above steps, you **MUST** submit to your Assessor all of the following forms before your application will be processed.

- Accreditation Form
- Coaches Code of Behaviour Agreement
- Coaches Practice Verification Form (signed by candidate & assessor)

On submission, you may also choose to submit the following:

- Protective Eyewear Indemnity and Waiver
- SACS Membership (if electing PSCAA, please forward application through to the PSCAA before submission).

PLEASE ENSURE THAT ALL FORMS ARE CORRECTLY FILLED OUT AND SENT ALL TOGETHER TO YOUR ASSESSOR TO ENSURE THAT YOUR APPLICATION IS PROCESSED ASAP.

Step 8

Your L2 Assessor will forward your application (once complete) to Squash Australia. This will then be forwarded to the NCAS (National Coaches Accreditation Scheme) database of accredited coaches that is maintained by the ASC in conjunction with Squash Australia.

Once you have been accredited, you will receive a certificate from Squash Australia and an identification card from the ASC. You will also be sent up-to-date information by the ASC and Squash Australia.

Accreditation is valid for 4 years. After which you will need to re-accredit with Squash Australia. Please contact your State or Territory for more information.



Australian Government

Australian Sports Commission



**APPLICATION FOR ACCREDITATION
(Not Renewal)**



PERSONAL DETAILS

Title: _____ First Name: _____ Initial: _____ Surname: _____

House/Unit Number: _____ Street: _____

Suburb: _____ State: _____ Post Code: _____

Phone Number (H): _____ (Mob): _____ (W): _____

Email: _____ Fax: _____ Date Of Birth: _____

Origin: ATSI [Aboriginal /Torres Straight Islander] NESB [Non-English Speaking Background] Gender: M F

LEVEL 2 COURSE SPECIFICATIONS

Location: _____ State: _____ Date: _____

Course Number: _____ L2 Course Assessor: _____

ASSESSMENT REQUIRMENTS

I have successfully completed the ASC Intermediate Coaching General Principles Course (please tick)

Date Completed & Submitted to an ASC Service Provider : _____

I have passed the full Australian Rules Theory Exam (please tick) Date Completed : _____

I have successful completed the post course practical coaching requirements outlined by my Level 2 Assessor (please tick)
Hours Required: _____ (please indicate 0 if your assessor deemed you already competent) Date Completed: _____

I have successfully completed the assessment task "Evidence of Technical Knowledge" " Date Completed: _____

I have successfully completed the assessment task "Evidence of Planning Skills" Date Completed: _____

COACH INSURANCE DETAILS

SACS PSCAA Other (please specify): _____

If PSCAA another nominated insurer, please supple registration number: _____

Date joined insurance: _____



PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO YOUR ASSESSOR WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN FORWARDED FROM YOUR ASSESSOR TO SQUASH AUSTRALIA.



COACHES CODE OF BEHAVIOR

In addition to Squash Australia's General Code of Behaviour (see Regulation 18 – Member Protection Policy) you must meet the following requirements in regard to your conduct during any activity held or sanctioned by Squash Australia, a member association or an affiliated club and in your role as a coach appointed by Squash Australia, a member association or an affiliated club:

- a. Do not tolerate acts of aggression.
- b. Provide feedback to players and other participants in a manner sensitive to their needs. Avoid overly negative feedback.
- c. Recognise players' rights to consult with other coaches and advisers. Cooperate fully with other specialists (for example sports scientists, doctors and physiotherapists).
- d. Treat all players fairly within the context of their sporting activities, regardless of gender, race, place of origin, athletic potential, colour, sexual orientation, religion, political beliefs, socio-economic status and other conditions.
- e. Encourage and facilitate players' independence and responsibility for their own behaviour, performance, decisions and actions.
- f. Involve the players in decisions that affect them.
- g. Encourage players to respect one another and to expect respect for their worth as individuals regardless of their level of play.
- h. Ensure that the tasks and/or training set are suitable for age, experience, ability and physical and psychological conditions of the players.
- i. Ensure that physical contact with players is appropriate to the situation and necessary for the player's skill development.
- j. Be acutely aware of the power that you as a coach develop with your players in the coaching relationship and avoid any sexual intimacy with players that could develop as a result.
- k. Avoid situations with your players that could be construed as compromising.
- l. Actively discourage the use of performance enhancing drugs, and the use of alcohol, tobacco and illegal substances.
- m. Do not exploit any coaching relationship to further personal, political or business interests at the expense of the best interest of your players.
- n. Accept and respect the role of officials in ensuring that competitions are conducted fairly and according to established rules.
- o. Know and abide by rules, regulations and standards, and encourage players to do likewise. Accept both the letter and the spirit of the rules.
- p. Be honest and ensure that qualifications are not misrepresented.
- q. Treat all players with respect at all times. Be fair, considerate, honest and consistent with them.
- r. Refrain from conduct, which could be regarded as harassment towards your players and other coaches, officials and parents.

Agreement for Accreditation to the National Coaching Accreditation Scheme (NCAS)

To: **Squash Australia** [National Sporting Organisation]

I, _____ [First Name]
 _____ [Surname]

Of address _____ [Number] _____
 _____ [Street]
 _____ [Suburb] _____ [Postcode]

Phone Number: [H] _____

[M] _____ [W] _____

Email: _____

am seeking accreditation for the following Australian Sports Commission (ASC) Coaching qualification:

Level: **2** Sport: **Squash**

I agree to the following terms:

1. I agree to abide by Squash Australia's Coaches Code of Behaviour
2. I acknowledge that Squash Australia may take disciplinary action against me, if I breach the Code of Behaviour.
3. I acknowledge that disciplinary action against me may include de-accreditation from the National Coaching Accreditation Scheme.

Signature: _____

Date: _____

Please refer to Regulation 18 - Squash Australia Member Protection Policy for further details.

PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO YOUR LEVEL 2 ASSESSOR WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN FORWARDED FROM YOUR ASSESSOR TO SQUASH AUSTRALIA.



PROTECTIVE EYEWEAR INDEMNITY AND WAIVER - SQUASH COACH [OPTIONAL]



This protective eyewear indemnity and waiver applies to certain groups or individuals who are participating in competitions or programs, which are organised or sanctioned by Squash Australia and/ or any of its member associations and affiliates.

I, _____ [First Name] _____ [Surname]

Of address _____ [Number] _____ [Street]

_____ [Suburb] _____ [Postcode]

Phone Number: [H] _____ [M] _____ [W] _____

Email: _____

Have read and understood the contents of the Squash Australia's Regulation 42 – Protective Eyewear.

I understand that I am obligated to wear protective eyewear under paragraph 9 of Regulation 42. I am required to sign a Protective Eyewear Indemnity and Waiver form under paragraph 10, because I will be participating in the on court training of athletes older than 19 YAG, in which I have elected not to wear protective eyewear.

In consideration of being permitted to participate in the on court training of athletes older than the 19 YAG without protective eyewear, I hereby agree to:

- a. Release, discharge and forever hold harmless Squash Australia, its agents, employees, servants and representatives from any actions, claims, demands, suits, proceedings, costs, expenses or losses which I may now have or could have against Squash Australia, in respect to:
 - i. Any eye injury of whatsoever kind arising directly or indirectly from any act, neglect or fault (whether negligent or otherwise) on the part of Squash Australia and connected with my participation in the above event through not wearing protective eyewear; and
 - ii. Medical treatment conducted on me for injury sustained in the above event through not wearing protective eyewear.
- b. Indemnify and keep indemnified Squash Australia, its agents, employees, servants and representatives from all existing and future actions, potential causes of actions, claims, demands, suits, proceedings, costs, expenses or losses which I may now have or could have against Squash Australia.

Signatories to this form must read Squash Australia's Regulation 42 before signing:

Signature of Coach: _____ Date _____

Signature of Witness: _____ Date _____

Name of Witness: _____ Appointment: _____

IF YOU CHOOSE TO SIGN THIS FORM, PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO YOUR ASSESSOR WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN FORWARDED FROM YOUR ASSESSOR TO SQUASH AUSTRALIA.



SACS MEMBERSHIP FORM – FOR NEW LEVEL 2 COACHES



PERSONAL DETAILS

Title: _____ First Name: _____ Initial: _____ Surname: _____

House/Unit Number: _____ Street: _____

Suburb: _____ State: _____ Post Code: _____

Phone Number (H): _____ (M): _____ (W): _____

Email: _____ Fax: _____

Date Of Birth: _____ Gender: M F

I wish to join the Squash Australia Coaches Section (SACS) to gain the following benefits:

- Password Access to SACS Coaches on Squash Australia’s website.
• Significant discount on attendance at the biennial National Coaching Conference.
• Free hire of video’s/ DVD’s from Squash Australia’s resource library.
• Coaches insurance for public liability and professional indemnity cover.
• Payment of \$13 re-accreditation fee paid for by Squash Australia.
• Other benefits as advised from time to time by Squash Australia.

I am applying for accreditation as a Level 2 coach. I have payed the annual fee of \$92.00 by

- Cheque/Money order and have attached it to this application form []
• Direct Deposit into Squash Australia’s bank account . []
BSB: 064 162 A/C: 10129098 Reference: Last name & SACS
Date Deposited: _____

Signed: _____

Date: _____

IF YOU CHOOSE TO BECOME A SACS MEMBER, PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO YOUR ASSESSOR WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN FORWARDED FROM YOUR ASSESSOR TO SQUASH AUSTRALIA.

X.....X

Office Use Only:

Date Received: _____ Approved: Y / N Payment Received: _____

Name: _____ Signature: _____ Date: _____





Application for Membership

PROFESSIONAL SQUASH COACHES ASSOCIATION OF AUSTRALIA

ACN: A0025976X
ABN: 24660797706

Address all Correspondence to:

Margaret Zachariah
Honorary Secretary
21 Thomas Street
KEW VIC 3101
Email: pscaa@iprimus.com.au

Mr/Ms:	First Name:	Surname:
Address:		
Town:	State:	Post Code:
Phone: (H)	(W)	Fax:
Mobile:	Email:	

On completion of an Australian Sports Commission National Coaching Accreditation Scheme Level 1 Squash Coaching Course, you are qualified to become a member of the Professional Squash Coaches Association of Australia (Inc).

If you have completed an N.C.A.S. Level 1 Squash Coaching Course, please provide the following details:

Level: _____ **Date of Course:** _____ **Course Venue:** _____

Course Co-ordinator: _____

Date of Accreditation: _____ **Number of A.C.C Card:** _____

I certify that this applicant is accredited at the level detailed: _____

(State Coaching Director)

OR

If you have completed an EQUIVALENT COACHING COURSE to the N.C.A.S. Level 1 Squash Coaching Course (i.e. one which covers the content of Level 1), please submit documentation detailing the course content, co-ordinator, date, duration and any examination/assessment procedures involved.

As the financial year of the Association ends on the 31st May each year, a discount off the Annual Membership Fee is available to those joining after the 1st December (new members only). Insurance cover commences at 4:00pm on the 1st June each year, if you require insurance cover prior to this, the full yearly insurance and membership fee is required to be paid.

You must nominate below, the date on which you require your Membership to begin.

I hereby apply for (✓):

- FULL** (Active) Membership (\$92.00 per annum – Insured)
- FULL** Membership – ½ Year after 1st Dec (\$72.00 for up to six months - Insured)
- ASSOCIATE** (Inactive) Membership (\$52.00 per annum – Non Insured)

* For coaches attending a N.C.A.S. Level 1 Coaching Course, provisional membership is automatically provided in the course fee and deducted from Full Membership price if the coach proceeds with their accreditation and wishes to commence actively coaching.

I enclose a cheque/money order for \$ _____ being subscription for Membership – payable to "PSCAA"

OR have Direct Deposited \$ _____ into: THE BENDIGO BANK *You are still required to forward your form if you pay by Direct Deposit*
Account Name: PSCAA Inc.
Account BSB: 633 108
Account Number: 124625344

The date on which I would like my Membership (and Insurance Cover where appropriate) to commence is: / /

APPLICANT'S SIGNATURE: _____ **DATE:** _____