LEVEL 2 SQUASH COACHING RE-ACCREDITATION

INFORMATION PACK

Level 2 Coaching Accreditation is valid for four (4) years. Coaches wishing to re-accredit are required to fill out and forward the forms in this information pack to the National Coaching Manager.

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

COACH ACCREDITATION

friendship action fitness

RE-ACCREDIT CHECKLIST

As an NCAS accredited coach, accreditation is valid for four (4) years. After which, it is vital for all coaches to re-accredit.

In order to maintain your NCAS accreditation, you must re-accredit within six (6) months of your accreditation expiring. Failing to do so, your re-accreditation will be at the discretion of the Squash Australia National Coaching Manager [a $100 administration fee may apply if the re-accreditation is approved].

The following requirements must be met to successfully obtain your NCAS Level 2 re-accreditation:

Requirement 1:

You must have completed **ONE** (1) of the following:

• attend another level 2 or 3 training program within the last four (4) years
OR
• Achieve a minimum of **100 points** over a four year period from the following three (3) categories:

A - Squash Specific Practical Coaching – these are practical hours spent coaching on the Squash Court.

B – Squash Specific Updating Activities* - these are courses/ seminars/ presentations that are specific to the coaching, development or refereeing of Squash.

C – General Sport Updating Activities* – these are courses/ seminars/ presentations that are specific to coaching and strength and conditioning across all sports.

When obtaining points from a particular category, you must provide further information to verify the points including the date and location of the activity.

*For categories B and C documentary evidence must also be provided.

Requirement 2 :

The **Coaches Code of Behaviour Form** would have been signed when you obtained your original accreditation. This form is also only valid for four (4) years and therefore, you need to sign and submit this form each time you re-accredit.

Requirement 3 :

An adequate public liability and professional indemnity insurance cover is strongly recommended by Squash Australia for all coaches. With most coaches choosing membership through SACS or PSCAA, membership is paid on an annual basis.

On the re-accreditation application form, coaches must indicate their cover, registration number and date joined/ renewed.

Within this information pack, SACS renewal/ new application forms are available.

If you have joined SACS or would like to join, please submit your application/ renewal form with the annual payment of $92 with your reaccreditation application form.

If you are a PSCAA member, please make sure that you indicate this on your re-accreditation form. PLEASE DO NOT COMPLETE THE SACS RENEWAL FORM & PLEASE ENSURE THAT YOU ARE UP TO DATE WITH YOUR RENEWAL. For more information email pscaa@iprimus.com.au or visit www.pscaa.com

Requirement 4:

After the completion of all the appropriate paperwork, you MUST submit to the National Coaching Manager all of the following forms before your application will be approved and processed:

- Accreditation Form with the 100 points clearly outlined
- Coaches Code of Behaviour Agreement
- PSCAA Membership, SACS or privately for mandatory insurance.

OPTIONAL:
- Protective Eyewear Indemnity and Waiver Form

PLEASE ENSURE THAT ALL THE APPROPRIATE FORMS ARE CORRECTLY FILLED OUT AND SENT ALL TOGETHER TO THE NATIONAL COACHING MANAGER TO ENSURE THAT YOUR APPLICATION IS PROCESSED ASAP.

Requirement 5 :

If you are a member of SACS or PSCAA, you are exempt from the $13.00 administration fee as this is paid for as part of membership.

For all other coaches who take out insurance privately, you are required to pay the $13.00 administration fee to Squash Australia. To do so, please send a cheque or money order payable to "Squash Australia" with your forms to the National Coaching Manager.

Re-accreditation Approval
Once your application has been received by Squash Australia and approved, you immediately re-gain your accreditation. Your updated details are then forwarded to the NCAS (National Coaches Accreditation Scheme) database of accredited coaches, which is maintained by the ASC in conjunction with Squash Australia.

Accreditation is valid for 4 years. After which you will need to re-accredit again with Squash Australia. Please contact the National Coaching Manager for more information if required.

SQUASH AUSTRALIA

COACH ACCREDITATION

Australian Government
Australian Sports Commission

APPLICATION FOR RE-ACCREDITATION for Level 2 Coaches

PERSONAL DETAILS

Title: _____ First Name: _____Initial:____ Surname:_____

Accreditation ID #: _____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

In order to maintain NCAS accreditation, I acknowledge that I must SATISFY THE FOLLOWING FOUR (4) REQUIREMENTS and provide the following information:

Requirement 1: Updating Activities I have completed **ONE** of the following (please tick box):

☐ Completed another Level 2 or 3 training program within the last 4 years

☐ Achieved a minimum of 100 points of updating activities over a 4 year period from the Categories listed below (please fill in points total)

Category	Updating Activities	Points
A.	Practical Coaching – Squash Specific	= _____ (refer to points table)
B.	Squash Specific Self Education	= _____ (refer to points table)
C.	General Sport Self Education	= _____ (refer to points table)
	Total Updating Points	**= _____ (A + B + C)**

Requirement 2: Coaches Code of Behaviour Form.

☐ I have attached a completed and signed Coaches Code of Behaviour Agreement Form.

Requirement 3: Insurance

Adequate public liability & professional indemnity insurance cover is required. This may be gained in **ONE** of the following ways (please tick):

☐ SACS ☐ PSCAA ☐ Other (please specify): _____

If you have nominated PSCAA or another private insurer, please supply registration number:_____

Date insurance joined/renewed: _____

Requirement 4: Administration Fee Payment [ONLY REQUIRED FOR COACHES WHO ARE NOT MEMBERS OF SACS OR PSCAA]

☐ I am required to pay the $13.00 administration fee (if not joined SACS or not a member of the PSCAA)

☐ I have attached a cheque/money order to this form (made out to Squash Australia)

NCM Use Only: Date Received: _____ *Approved:* ☐ *Yes* ☐ *No*

Name: _____*Signature:* _____ *Date:* _____

Updating Points Table

For explanations of the point structure please see the end of the next page.

A. Squash Specific Practical Coaching.
Hours can be obtained from your RECORDED COACHING HOURS in YOUR ASC "UPDATE" LOGBOOK.

1. Coaching Practice (Hands On):	**Points Available**	**DATE**	**LOCATION**	**TOTAL POINTS**	**SIGNATURE**
a) Any Accredited Coaches	1/ Hr				
b) Regional Coaches (Teams & Individuals)	1/ Hr				
c) State Coaches	1/ Hr				
d) Coach of State Teams (Junior &/or Senior)	10				
			Section A. Total =		

B. Squash Specific Updating Activities (* *Supporting documentation to be attached if available)*

1. Coaching Course Attendance:	**Points Available**	**DATE**	**LOCATION**	**TOTAL POINTS**	**SIGNATURE**
a) Attend an Accreditation Course at the NEXT Level	100				
b) Attend an Accreditation Course at the SAME Level	100				
c) Attend a National Coaching Conference	10				
d) Attend an AIS High Performance Coaching Seminar	10				
e) Attend a SCD's or Course Presenters Workshop	10				
*f) Attend a PSCAA, State Body Affiliate or any other Organised Workshop/ Seminar/ Lecture (approved topics below)	V				
2. Refereeing Courses:					
a) Attend a Refereeing/ Rules Seminar or Lecture	V				
b) Attain or Retain State of National Refereeing Badge.	5				
3. Presentations (Lectures/Seminars/Workshops):					
a) Presentation at Level 1 NCAS Course	1/ Hr				
b) Presentation at National Coaching Conference	1/ Hr				
c) Presentation at Refereeing/ Rules Course or Seminar	1/ Hr				
e) Presentation at State Coaching Directors' Workshop	1/ Hr				
*e) Presentation at any other Squash Specific Course, Seminar or Workshop (approved topics below)	1/ Hr				
4. Supervision of Practical Coaching:					
a) Supervision of Apprentice or Candidate Coaches	2/ Hr				
5. Accreditation as a Course Presenter and/ or Assessor at Level 2	10				
			Section B. Total =		

Updating Points Table [continued]

C. General Sports Updating Activities ** Supporting documentation to be attached if available*					
1. Attendance at Coaching Courses:	**Points Available**	**DATE**	**LOCATION**	**Total Points**	**SIGNATURE**
a) ASC/AIS Coaches Seminars	5				
b) Level 1 ASCA Strength & Condition. Coach Course	5				
c) Level 2 ASCA Strength & Condition. Coach Course	10				
*d) Other ASC Coach Education Course (topics below)	V				
e) Other General Sports Coaching Course/ Workshop/ Seminar/ Lecture (approved topics below)	V				

2. Sports Related Tertiary Study:						
a) Human Movement Studies	b) Physical Education	10/ Unit				
c) Recreation Management	d) Administration.					
3. Attendance at Other Sports Related Courses:						
a) First Aid Course		10				
b) Sports Trainers Course:	Level 1	10				
	Level 2	20				
*c) Cardio-Pulmonary Resuscitation (CPR) Course		V				
*d) Other Sport Related Educational Course/ Lecture/ Seminar/ Workshop (approved topics below).		V				
4. Presentations (Lectures/Seminars/Workshops):						
a) Present at sports related coach education course		1/ Hr				
				Section C. Total =		
				Total (A + B + C) =		

*** - APPROVED & SUGGESTED TOPICS for COURSES/ WORKSHOPS/ SEMINARS/ LECTURES/ Etc:**		
1. Energy Demands	6. Injury Management	11. Human Resource Management
2 Strength Training	7. Safety Procedures/Injury Prevention	12. Relating to the Media
3. Flexibility Training	8. Legal Liability	13. Use of Sports Science & Information Services
4. Nutritional Requirements	9. Talent Identification & Development	14. Psychological/Mental Skills Training
5. Recovery Programs	10. Leadership Skills	15. Personnel Management
CODES		
P/H – Points per Hour	NA – Not Applicable	PSCAA – professional Squash Coaches Ass of Australia

V – Variable Points as follows:	**LEVEL 1**	**LEVEL 2**	**LEVEL 3**
• 2 Day Course/Seminar/Workshop	20	10	5
• 1 Day Course/Seminar/Workshop	10	5	5
• 1-3 Hour Lecture	2 P/H	1 P/H	1 P/H

COACHES CODE OF BEHAVIOUR RE-ACCREDITATION

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**

Accreditation ID #: _____

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: _____

Parent/Guardian Signature:_____

[if under 18 years of age]

Date: _____

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

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

PROTECTIVE EYEWEAR INDEMITY AND WAIVER - SQUASH COACH RE-ACCREDITATION [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:_____ Accreditation ID#: _____

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 again 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: _____ Position: _____

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

SACS MEMBERHIP FORM – RE-ACCREDITATION LEVEL 2 COACHES*

**please do not fill in if you're a current fully insured member of the PSCAA*

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: _____ Accreditation ID#: _____ Gender: ☐ M ☐ F

I am renewing my membership with SACS ☐ I wish to join SACS ☐

I wish to join/renew my membership with 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 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: _____

PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO THE <u>NATIONAL COACHING MANAGER</u> WITH ALL OTHER FORMS OUTLINED IN THE CHECKLIST. YOUR APPLICATION WILL NOT BE PROCESSED UNTIL ALL THE REQUIRED INFORMATION HAS BEEN FORWARDED FROM YOU 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
Account Name: PSCAA Inc.
Account BSB: 633 108
Account Number: 124625344

You are still required to forward your form if you pay by Direct Deposit

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

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