



## LEVEL ONE SQUASH COACHING ACCREDITATION INFORMATION PACK

Course Dates: \_\_\_\_\_

Course Location: \_\_\_\_\_

Course Number: \_\_\_\_\_

Course Assessor: \_\_\_\_\_

**PLEASE RETURN THE NOMINATED FORMS TO YOUR LEVEL ONE ASSESSOR ONCE YOU HAVE COMPLETED ALL THE MANDATORY COMPONENTS WHO WILL CHECK AND FORWARD TO THEIR STATE COACHING DIRECTOR or DEVELOPMENT MANAGER.**

ACT: Raymond Payne, Woden Squash Centre, 4 Launceston St Phillip ACT 2606

NSW: Carin Clonda, NSW Squash, 6 Duffy Avenue, Thornleigh NSW 2120

NT: Development Officer, NT Squash, PO Box 40791, Casuarina NT 0811

QLD: Noel Forster, L1&2 Assessor, PO Box 60, Harlaxton, QLD, 4350

SA: Des Panizza, Squash SA, PO Box 56, Melrose Park SA 5039

TAS: Max Moorhouse, 280 Crabtree Rd, Crabtree TAS 7109

VIC: Richard Cagliarini, Vic Squash, Box 6, MSAC, Aughtie Drive, Albert Park VIC 3206

WA: Level 1, Plaza Level West, Hyatt Centre Terrace Rd, East Perth WA 6004



**Australian Government**

**Australian Sports Commission**



friendship **action** fitness

## HOW TO ACCREDIT CHECKLIST

### Step 1

To be eligible for accreditation, you must have successfully completed and passed a **Beginner General Principles Coaching Course**.

This course contains five modules, which cover a range of general coaching topics, including the roles and responsibilities of a coach, planning, safety, working with parents, communication, group management and inclusive coaching practices when working with people with a disability or special population groups. The course takes approximately 6 hours to complete, and an assessment is included within the course. Coaches have 6 months to complete the course after they register.

Due to a subsidy provided by the Australian Sports Commission (ASC) as an initiative to encourage beginner coaches to undertake training, this course is currently available free of charge to Australian coaches.

**To enrol in the General Principles course** go to the Australian Sports Commission's online learning portal at <https://learning.usport.gov.au> and select the General Principles Tab, scroll down and open Beginning Coaching General Principles online coaching course and follow the information on that page.

**Note:** If you do not have internet access, please contact your State/Territory organisation to organise an alternative method for completing the course.

### Step 2

Once you have successfully completed the Beginner General Principles Course, you will need to enrol into a **Level 1 Coaching Course** (16 hours) or **Training Program** (variable hours). These are conducted by your local State or Territory organisation.

To find out when the next available course is, contact your State or Territory association directly for details.

You must pass [85% min] on the Level 1 Rules Exam Paper on the course to be eligible for accreditation.

### Step 3

After the course, candidates are required to pass the **post-course practical coaching requirements** outlined by the Level 1 Assessor.

The Assessor will determine the number of practical coaching hours that must be completed after the Level 1 Course. In some cases, candidate coaches may not be required to undergo any hours if the Assessor deems that the candidate coach is already competent.

The hours set by the assessor will be broken up as supervised hours and unsupervised hours.

A Coach Practice Verification Form (attached) must be filled in by each candidate and then supplied to the Assessor for verification (see step 5).

### Step 4

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 5

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 6

Your Assessor will forward your application (once completed) 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 1 COURSE SPECIFICATIONS**

Location: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

Course Number: \_\_\_\_\_ Course Assessor: \_\_\_\_\_

**ASSESSMENT REQUIREMENTS**

- I have successfully completed the ASC Beginner General Principles Coaching Course (please tick)  
Date Completed & Submitted to the ASC State Service Provider: \_\_\_\_\_
- I have passed (85% minimum) the Level 1 Rules Exam Paper (please tick)
- I have passed all other components of the Level 1 Workbook as required by my Level 1 Assessor (please tick)  
I have successfully completed the Practical Coaching requirements outlined by my Level 1 Assessor (please tick)
- A. I completed the Practical requirements on-course or during the L1 training program (please tick if applicable)  
OR  
Date Completed: \_\_\_\_\_
- B. I completed the Practical requirements post-course :  
Unsupervised Hours Required: \_\_\_\_\_ (please indicate 0 if not required by your L1 Assessor)  
Date Completed: \_\_\_\_\_

**COACH INSURANCE DETAILS**

SACS  PSCAA  Other (please specify): \_\_\_\_\_

If PSCAA or another nominated insurer, please supply registration number: \_\_\_\_\_

Date insurance taken out : \_\_\_\_\_



**PLEASE ENSURE THAT YOU SEND THIS FORM BACK TO YOUR L1 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 L1 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: **1** 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: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

[if under 18 years of age]

Date: \_\_\_\_\_

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

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**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 1 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:

- Free hire of video's/ DVD's from Squash Australia's resource library.
• Significant discount on attendance at the biennial National Coaching Conference.
• Password Access to SACS Coaches on Squash Australia's website.
• 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 1 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

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

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 31<sup>st</sup> May each year, a discount off the Annual Membership Fee is available to those joining after the 1<sup>st</sup> December (new members only). Insurance cover commences at 4:00pm on the 1<sup>st</sup> 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 1<sup>st</sup> 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:** \_\_\_\_\_