Hong Kong China Korfball Association Limited Annex I 合球總會會 中國香港合球總會有限公司							
	Coac	h Reg	istrat	ion Form	2023	8-24	
# Please $\lceil \checkmark \rfloor$ in the appropria	ate box.						
□ New Registration □	Renewal	Coach Le	vel:	Trainee	Leve	el 1 🗌 Lev	el 2 🗌 Level 3
Name: (Chinese)	Name: (Chinese) (English)						
Membership No.				(All applica	nt shall	register as the me	ember of HKCKA)
Are you a Hong Kong resid	lent with Hong K	Kong ID C	Card?	Yes] No		
Code of Sexual Conviction	Record Check (14 Digits)):			(Valid Period:)
(A copy shall be provided to HKC							
Available Working hours (y	ou may choose r	nore than	one opt	ions): Please	「✔」 in	the appropriate box.	
Time	08:00 - 12:0	0	12:00	- 16:00	10	6:00 – 19:00	19:00 - 23:00
Day			12.00	10100			1,100 20100
Monday - Friday							
Saturday							
Sunday & Public Holiday							
Selection of Serviceable A	rea/ District (you	ı may cho	oose mor	e than one opt	tions): P	Please $\lceil \checkmark \rfloor$ in the	e appropriate box.
HK Island: Central and	Western District	□Eastern	District	□Southern Di	istrict	□Wan Chai	□Island
Kowloon: CKowloon C	ty	□Kwun 7	Гong	□Sham Shui	Ро	□Wong Tai Sin	□Yau Tsim Mong District
NT East : \Box North Distri	ct	□Sai Kur	ng	□Sha Tin		□Tai Po	□ Ma On Shan
NT West : 🛛 Kam Tin		□Kwai T	sing	□Tsuen Wan		□Tuen Mun	□Yuen Long
Please state the following details and MUST submit the copies of related documents for review. Related Korfball Qualifications (e.g. Instructor / Coaching Certificate) * All registered coach must finish Sports Coaching Theory (Level 1) 							
Qualit	fications			Date	e of Issue	e	Remarks
2. Experience of Coa	ching and Team	Leading					
Name of Event				Date	Ho	urs / No. of Games	Remarks

3. Recent Participation of HKCKA's Promotion Activity

Name of Event	Date	Hours	Remarks

中國香港 Hong Kong China Korfball Association Limited 合球總會 中國香港合球總會有限公司

4. Recent Participation of Any Workshops, Conferences or Seminars held by HKCKA/ HKCC/ Others Recognized Organizations (Exempted for new registration)

Name of Workshops/Conferences/Seminars	Organizer	Date of Issue	Hours	Remarks

Declaration & Signature

1. I hereby apply to be the Registered Coach of HKCKA. I read, understand and agree to follow and implement the rights and obligation conferred by HKCKA in training courses and activities. I declare my health condition which is suitable for coaching and training. HKCKA, organizers or co-organizers will NOT be responsible if I suffer any injury, illness, death or property loss while participating in any activities.

Date:

Signature of Applicant:

For Official Use Only					
Received Date: Staff Signature:	Name (BLOCK LETT	ER):			
Accepted : Registered to be Trainee / Lv.1 / Lv. 2 / Lv.3 Co	Accepted : Registered to be Trainee / Lv.1 / Lv. 2 / Lv.3 Coach of HKCKA				
Rejected with Reason(s):					
Coaching Convenor Signature:	Date:				
Chairman Signature:	Date:	НКСКА СНОР			



Hong Kong China Korfball Association Limited

中國香港合球總會有限公司

Received by:

Declaration of Conflict of Interest (Coach) (Jan 2022)

Part A – Declaration (To be completed by the Applicant)

To: Hong Kong China Korfball Association Executive Committee

I would like to report the following existing / potential* conflict of interest situation arising during the discharge of my official duties : -

Persons/companies with whom/which I have official dealings

Relationship of the persons/companies with the Association (e.g. Member/ Coach/ Representative of Team/ Supplier)

Other(s) Conflict of interest (Related with Coach's duties)

Please state your role of the Team or Competition in the last 2 years

	U	-		
Year	Name of Team	Participation of Competition	Role(s)	
			*Representative/ Coach/ Member/	
			Other duties(Please specify:)
			*Representative/ Coach/ Member/	
			Other duties(Please specify:)
			*Representative/ Coach/ Member/	
			Other duties(Please specify:)

*Please delete not appropriate.

Remarks: 1. If you do have a conflict of interest to declare please describe all relevant facts and circumstances you consider give rise to a real or apparent conflict of interest. Please include the reason why you consider this situation may actually be, or be perceived by others to be, a conflict of interest.

2. If you do not have conflict of interest, please fill in "NO".

Name of Applicant	HKID card no. of Applicant (The first 4 digits)	Signature of Applicant
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Date	Membership No.	-		
	Part B – For Office Use only			
With respect to the above declaration, the Executive Committee passed the following resolution:				
You should refrain from perfor may give rise to a conflict.	ming or getting involved in performing	the work, as described in Part A, which		
You may continue to handle the work as described in Part A, provided that there is no change in the information declared above.				
Others (please specify):				
Date	()	Name of Approving Authority)		
		Kong China Korfball Association)		