

# Hong Kong China Korfball Association Limited

中國香港合球總會有限公司

Received by:	

Annex I

## **Coach Registration Form 2024-25**

	Name	ching and Team of Event  on of HKCKA's		on Activit	Date  y Date		o. of Games	Remarks
2. Expe			Leading		Date	Hours / N	o. of Games	Remarks
2. Expe			Leading		Date	Hours / N	o. of Games	Remarks
2. Expe			Leading		Date	Hours / N	o. of Games	Remarks
	Qualif	fications			Date	of Issue		Remarks
1. Rela	ted Korfball Q	ng details and Mualifications (e.gmust finish Sports C	g. Instructo	or / Coach	ing Certificate)	ted docume	ents for revi	
NT West:	□Kam Tin		□Kwai ′	Tsing	☐Tsuen Wan	□Tue	n Mun [	□Yuen Long
NT East:	□North Distri	ct	□Sai Ku	•	□Sha Tin	□Tai		☐Ma On Shan
Kowloon:	□Kowloon Ci	ity	□Kwun	Tong	□Sham Shui F	Po \Bullet \Bullet \text{World }	ng Tai Sin [	☐ Yau Tsim Mong District
Selection of HK Island:		area/ District (yo Western District	•		re than one opt		_	appropriate box. □Island
Sunday & Pu	blic Holiday							
Saturday	•							
Day Monday - Fri		08:00 – 12:0	00	12:00	-16:00	16:00 -	- 19:00	19:00 – 23:00
Available Wo	orking hours (y Time	you may choose	more tha	n one opt	ions): Please	✓ _ in the app	propriate box.	
	e provided to HKC	Record Check (CKA)	14 Digits	s):		<u>(</u> V	alid Period:	,
·		lent with Hong I				] No	did Davia da	
_		lant with Hone I			_ (All applicar	Ü	er as the mer	nber of HKCKA)
	ese)				(English)			



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

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

coaching and training. HKCKA in training coaching and training. HKCKA, organizers of property loss while participating in any activity.	or co-organizers will NOT be					
Date:	Signature of Applica	nt:				
	For Official Use Only	7				
Received Date: Staff Sign	nature:	Name (BLOCK LETT	ER):			
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			



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### **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 / notential* conflict of interest situation arising during the discharge

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 Participation of Competition Year Name of Team 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". HKID card no. of Applicant Name of Applicant Signature of Applicant (The first 4 digits) Membership No. Date Part B – For Office Use only With respect to the above declaration, the Executive Committee passed the following resolution: You should refrain from performing or getting involved in performing the work, as described in Part A, which may give rise to a conflict. 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): \_\_\_ (Name of Approving Authority) Date

(Hong Kong China Korfball Association)