

PODIUM CLUB Application Form

1. Coaching Audit – 2009-2010

<p>Head Coach:</p> <p>CC#:</p> <hr/> <p>Head Coach Experience (Years):</p> <p>1 2 3 4 5 6 7 8 9 10+</p> <p>Wheelchair Rugby Experience (Years):</p> <p>1 2 3 4 5 6 7 8 9 10+</p> <p>Education: Please specify:</p> <p>College Diploma:</p> <p>University Degree:</p>	<p>Please identify current NCCP status using the information below.</p> <p>Head Coach NCCP Training: (Please circle if applicable)</p> <p><u>WC Rugby Competition-Introduction</u> : Trained Certified</p> <p><u>WC Rugby Competition-Development</u>: Trained Certified</p> <p>Multi-Sport Modules: _____ (See the Note on Page 3 for a list of modules)</p> <p>Multi-Sport Modules: _____</p> <p>Multi-Sport Modules: _____</p> <p>Multi-Sport Modules: _____</p> <p>Old NCCP: Level I Technical <input type="checkbox"/> Level I Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level II Technical <input type="checkbox"/> Level II Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level III Technical <input type="checkbox"/> Level III Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level IV <input type="checkbox"/> Sport(s): _____</p>
<p>Assistant Coach:</p> <p>CC#:</p> <hr/> <p>Assistant Coach Experience (Years):</p> <p>1 2 3 4 5 6 7 8 9 10+</p> <p>Wheelchair Rugby Experience (Years):</p> <p>1 2 3 4 5 6 7 8 9 10+</p> <p>Education: Please specify:</p> <p>College Diploma:</p> <hr/> <p>University Degree:</p>	<p>Asst. Coach NCCP Training: (Please circle if applicable)</p> <p><u>WC Rugby Competition-Introduction</u> : Trained Certified</p> <p><u>WC Rugby Competition-Development</u>: Trained Certified</p> <p>Multi-Sport Modules: _____</p> <p>Multi-Sport Modules: _____</p> <p>Multi-Sport Modules: _____</p> <p>Multi-Sport Modules: _____</p> <p>Old NCCP: Level I Technical <input type="checkbox"/> Level I Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level II Technical <input type="checkbox"/> Level II Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level III Technical <input type="checkbox"/> Level III Theory <input type="checkbox"/> Sport(s): _____</p> <p>Old NCCP: Level IV <input type="checkbox"/> Sport(s): _____</p>



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4. Club Audit – 2009-2010-Training Environment & Talent Identification / Development

<p>Training Practices Per Week: (Please tick)</p> <p>One _____</p> <p>Two _____</p> <p>Three _____</p> <p>Monthly _____</p> <p>Other _____ <i>(Please specify)</i></p>	<p>Bridging the Gap :</p> <p>'Have a Go' Sessions: Yes No (Please circle)</p> <p>Multi-sport _____ Rugby-specific _____</p> <p>Date: _____</p> <p>Location: _____</p> <p>Number Attended: _____</p>																								
<p>Sport Science / Integrated Support Team: (Please provide names)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 10%; text-align: center;">Weekly</th> <th style="width: 10%; text-align: center;">Sessions</th> </tr> </thead> <tbody> <tr> <td>Athletic Therapists / Physiotherapists: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Physiologist: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Video Analysts: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Sport Psychologists: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Strength Coach: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Nutrition: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>Equipment Manager: _____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>			Weekly	Sessions	Athletic Therapists / Physiotherapists: _____	_____	_____	Physiologist: _____	_____	_____	Video Analysts: _____	_____	_____	Sport Psychologists: _____	_____	_____	Strength Coach: _____	_____	_____	Nutrition: _____	_____	_____	Equipment Manager: _____	_____	_____
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2010-2011 Season- Training Environment / Talent Identification

<p>Training Practices Per Week: (Please tick)</p> <p>One _____</p> <p>Two _____</p> <p>Three _____</p> <p>Monthly _____</p> <p>Other _____</p> <p style="text-align: center;"><i>(Please specify)</i></p>	<p>Bridging the Gap :</p> <p>'Have a Go' Sessions: Yes No (Please circle)</p> <p>Multi-sport _____ Rugby-specific _____</p> <p>Date: _____</p> <p>Location: _____</p> <p>Number Attended: _____</p>
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Sport Science / Integrated Support Team: (Please provide names)

Athletic Therapists / Physiotherapists:

Name: _____ Contact Email: _____

Contact: Weekly Games Only Session(s) (Please tick)

Physiologist:

Name: _____ Contact Email: _____

Contact: Weekly Games Only Session(s) (Please tick)

Key Role / Responsibility: (Please tick, if appropriate)

- Training Program _____
- Thermoregulation Information / Protocol _____
- Testing _____
- Information – Education _____
- Other _____

Video Analyst:

Name: _____ Contact Email: _____

Contact: Weekly Games Only Session(s) (Please tick)

Key Role / Responsibility: (Please tick, if appropriate)

- Games _____
- Information – Education _____
- Other _____



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Sport Psychologist:

Name: _____ **Contact Email:** _____

Contact: Weekly Games Only Session(s) *(Please tick)*

Key Role / Responsibility: _____ *(Please tick, if appropriate)*

- Goal-setting _____
- Focus _____
- Distraction Control _____
- Information – Education _____
- Other _____

Strength Coach:

Name: _____ **Contact Email:** _____

Contact: Weekly Games Only Session(s) *(Please tick)*

Key Role / Responsibility: _____ *(Please tick, if appropriate)*

- Training Program _____
- Information – Education _____
- Other _____

Club Assessment – Training Environment / Talent Identification

2009 -2010 Club Audit: **Gold** **Silver** **Bronze**

2010- 2011 Program Target: **Gold** **Silver** **Bronze**

Please provide your assessment of 2009-2010 based on the Podium Club criteria. Your 2010-2011 planning should identify development, if appropriate, towards the next stage or standard. You may apply for Gold, Silver or Bronze funding at the same level of 2009-2010.

Office Use Only

Gold Amount: _____ (Deferred Amount: _____)

Silver Amount: _____ (Deferred Amount: _____)

Bronze Amount: _____ (Deferred Amount: _____)

Office Staff Initial: _____ Date: _____

The Canadian Wheelchair Sports Association gratefully acknowledges the financial assistance and support of Own the Podium and the Department of Canadian Heritage and Sport Canada.



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Sport Canada

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