



New Zealand Rugby COACH 2018 NEW REGISTRATION

www.coachingtoolbox.co.nz – for coaching support and resources

IMPORTANT: YOU MUST COMPLETE ALL SECTIONS OF THE FORM AS ACCURATELY AS POSSIBLE. By completing this form, you are covered under the New Zealand Rugby Player Accident Insurance Scheme. The data gathered from this form allows your club, school, Provincial Union, Super Rugby Club and New Zealand Rugby to better manage the game

CLUB/SCHOOL COACHING FOR IN 2018: PROVINCE:

Club/School last registered to: Province:
(if applicable)

Gender: (please tick) Male Female

Ethnicity: (please tick one only) Maori NZ European Asian Pacific Islander Other

First Name: Middle Name:

Last Name:

DATE OF BIRTH: / / (Date of Birth is IMPORTANT to prevent duplicate entries on the database)
Day Month Year

Email:

Telephone (H):

Mobile:

Street Address:

Suburb: Town/City:

Post Code:

Club/School Help: Are you also interested in: (please tick) Committee Refereeing Transportation

Please indicate what area you prefer to coach: (tick both if either) Forwards Backs Team manager

Grade(s) Coaching this year

If coaching players aged 12 and under, please refer to the letter provided at your course and complete the NZ Police Vetting Consent Form over the page.
(if your club/school has more than one team in your grade)

Team(s) Coaching this year:

Privacy: The New Zealand Rugby Union Incorporated (“NZR”) uses this form to collect personal information for the purposes of (i) the general administration of the game of rugby by NZR, Super Rugby Clubs, Provincial Unions, clubs and schools, including managing registration, managing and dealing with injury and insurance matters, rugby-related communications, statistical analysis and research; and (ii) the promotion of the game of rugby, including ticketing offers and other marketing of the game of rugby (“Purposes”). NZR will hold your personal information on a national database and will make your personal information available to the rugby organisation (ie club or school) that you are registered with, the Provincial Union your rugby organisation is affiliated to, and (if applicable) the Super Rugby Club for your region, for the Purposes. Your personal information may also be made available to our service providers and other persons as NZR considers appropriate for the Purposes. You have rights to access (and correct) such personal information as provided for in the Privacy Act 1993. To do this, contact NZR at privacyofficer@nzrugby.co.nz. By completing and signing this form you authorise the collection, use and disclosure of your personal information for the Purposes. Failure to complete this form (or providing incorrect information) may result in your being ineligible to play rugby in New Zealand or for insurance cover arranged by or through NZR.

If you would like to receive commercial electronic messages from NZR, your Provincial Union, Super Rugby Club, club or school (for example, emails and text messages about priority access to tickets, other offers and promotions or goods and services from sponsors), please tick the relevant box below:

New Zealand Rugby Provincial Union Super Rugby Club Club/School

Signature: _____ Date: _____

I understand that by signing this form, I am agreeing to be bound by the constitutions, regulations, bylaws and policies of the relevant Provincial Union with control and jurisdiction over the competition the team(s) I coach. And that I am also bound by the World Rugby and New Zealand Rugby Rules and Regulations including by virtue of being deemed to be a ‘person’ as defined in those regulations. By signing above, I also acknowledge that I have read and agree to the New Zealand Rugby Coach Code of Ethics. Further information about the code is available from your Provincial Union Rugby Development Officer.

Provincial Union Use Only - Course Attendance (please tick):
 RugbySmart Presentation Date:
 Beginning Rugby (U6-U7) Date:
 Learning Rugby (U8-U10) Date:
 Playing Rugby (U11-U13) Date:
Name: Designation:

NEW ZEALAND RUGBY

Police vetting form

AUTHORISATION TO DISCLOSE INFORMATION

I,.....
(Surname) (First Names)

.....
(Maiden or any other names used)

Sex.....(M/F) Date of birth..... Place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence Number (preferred Primary ID)

Or Other Primary ID (Firearms licence, Birth certificate, NZ Passport).....

Secondary ID sighted by Provincial Union Staff (Firearms licence, Birth certificate, NZ Passport)

I authorise disclosure by New Zealand Police of **ANY** information relating to any interaction I have had with Police in any context, to the New Zealand Rugby Union, in collaboration with your local Provincial Rugby Union. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004. The information about me that NZ Police may consider relevant to my application and release in vetting comprises any conviction history and, for certain agencies, infringement/demerit reports; and it may include any other information such as active charges and warrants to arrest, any information received or obtained by NZ Police, and any interaction I have had with NZ Police in any context (including family violence), even where I have not been charged, or charges are withdrawn, or I have been acquitted (not guilty) of a charge, or I have been discharged without conviction.

Vetting can only be carried out with the consent of the applicants dated, signature as follows:

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE:

Agency code: (N60297)