



**2026 STATE TEAM
PERSONNEL APPLICATION FORM**

Position						
Name						
Address						
Email						
Phone No Home			Mobile Ph No			
Date of Birth						
Do you hold the following:						
Working with Children Check No.	Card No.			National Police Clearance	Yes	No
	Expiry Date					
National Police Check for Volunteers	Yes	No	First Aid Qualification		Yes	No
Bus License to drive bus with 25 seats. LR License	Yes	No	Are you willing to drive a mini bus with 12 seats?		Yes	No
Previous State Team Experience						
Club Affiliation						
Club Involvement						
Any planned absences/dates unavailable						
Are you willing to travel and stay with the team, if required						
Qualities and skills you can bring to the team						
Employer						
Position Held						
Return application via email:	<p>Applications Close: Thursday 19 March 2026 Return application by email: stateteammanager@calisthenicswa.com.au</p>					
	<p>please direct all enquiries to: Jodie Appleton and Leanne North stateteammanager@calisthenicswa.com.au</p>					



STATE TEAM AGREEMENT

I _____ wish to be considered for appointment as
_____ for the **2026 CAWA State Team**.

I understand that appointment to the State Team is based on meeting the selection criteria as specified in the CAWA State Team Policies and CAWA State Team Code of Conduct.

If appointed to the team, I agree to purchase all necessary items of the team uniform and wear them in accordance with team regulations.

I understand that appointment to the State Team is dependent on the agreement to abide by the ACF Member Protection Policy Part D: Codes of Conduct and that breaches of the Code may result in disciplinary action.

I agree to abide by the ACF Drugs in Sport Code.

I also agree that CAWA or any team or personnel member associated with the CAWA State Team shall not be deemed responsible or liable in any way for any injury, illness or other mishap to me during the tour. I agree to be responsible for the costs of any medical treatment and ambulance deemed necessary by the State Team Manager.

I have read the CAWA and ACF Policies as listed below and understand that any breach of the rules could lead to me being ineligible for state representation.

ACF Member Protection Policy; Part D: Code of Conduct www.calisthenicsaustralia.org

ACF Anti Doping Policy

CAWA State Team Policies

CAWA State Team Code of Conduct

I accept the conditions of the above [please tick]

Signed _____

Date: / /

Name _____