Calisthenics Association of WA Inc

2026 STATE TEAM
PERSONNEL APPLICATION FORM

Position & Section			
Name			
Address			
Email			
Phone No Home		**Mobile Ph No**	
Date of Birth			
Do you hold the following:			
Working with Children Check No.	**Card No.** **Expiry Date**	**National Police Clearance**	**Yes** **No**
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			
Are you willing to travel and stay with the team?			
Qualities and skills you can bring to the team			
Employer			
Position Held			
Return application via email:	**Confidential: State Team Manager, stateteammanager@calisthenicswa.com.au** **State Team Assistant Manager/Treasurer applications close:** **Thursday 23 October 2025**		
	All enquires please direct to: **Leanne North – 0439 222 684** **or email:** **stateteammanager@calisthenicswa.com.au**		

STATE TEAM AGREEMENT

I _____ wish to be considered for appointment as personnel 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 _____