



## HOCKEY CANADA INSTRUCTIONAL STREAM CERTIFICATION SEMINAR APPLICATION FORM

Winsport / Canada Olympic Park, Calgary, Alberta, July 2 – July 6, 2023

| Name:   |                   |                |      |  |  |
|---|-------------------|----------------|------|--|--|
| Address:  |                   |                |      |  |  |
| City:   | Province          | : Postal Code_ |      |  |  |
| Main Phone #:                                     |                   | Email:         |      |  |  |
| NCCP – CC#:                                       | HCR #:            |                |      |  |  |
| Member (Branch):                                  |                   |                |      |  |  |
| Coaching Certification –                          | If applicable:    |                |      |  |  |
| Development 1: Year Co                            | mpleted:          |                |      |  |  |
| High Performance 1 Certification: Year Completed: |                   |                |      |  |  |
|   |                   |                |      |  |  |
| Coaching / Instructing Experiences:               |                   |                |      |  |  |
| Season  | Organization/Team | Age Level(s)   | Role |  |  |
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| List the reasons why you wish to attend the Instructional Stream Certification Seminar:                |  |  |  |  |
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| What are your expectations of the Instructional Stream Certification Seminar?                          |  |  |  |  |
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| What will you be able to do with the information and knowledge gained from the seminar and experience? |  |  |  |  |
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Please provide the names, addresses and phone numbers of at least two references familiar with your coaching / instruction background.

| Name:                               | City:         | Province: |  |
|-------------------------------------|---------------|-----------|--|
| Reference 2  Name:  City: Province: | Main Phone #: | Email:    |  |
| Name:                               |               |           |  |
|                                     | Reference 2   |           |  |
| City:Province:                      | Name:         |           |  |
|                                     | City:         | Province: |  |
| Main Phone #:Email:                 | Main Phone #: | Email:    |  |

1) Skating / Skills (puck control / passing / shooting - including position specific skills ie forward or defence)

The video can be sent in via Drop Box, YouTube links, external memory drive / stick or any other method you currently use. There is no specific length of video required but it must be of good quality and significant enough to show your skills on ice in performing and teaching the above skills.

Please return this application prior to end of day on Thursday, March 30, 2023.

Attention: Corey McNabb, Director, Next Gen Development

201 – 151 Canada Olympic Road, SW

Calgary, AB, T3B 6B7

cmcnabb@hockeycanada.ca Telephone: 403-777-4593