



## QUEST FOR GOLD

### APPRENTICE PROGRAM APPLICATION

The Ontario Curling Council will be nominating applicant(s) for the 2015-2016 Quest for Gold Apprentice Program, pending program availability. To be eligible for a nomination, this form must be completed in its entirety and returned to Jennifer Ferris, Manager, Programs and Operations at [jennifer@ontcurl.com](mailto:jennifer@ontcurl.com). Eligible applicant(s) will be chosen by the OCC/NOCA/OCA. **Deadline to submit applications is MAY 8, 2015 at 12:00 pm EST.**

Please note all applications must be made through the Ontario Curling Council to the Coaches Association of Ontario.

#### Apprentice Coach Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NCCP #: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Number of Years Coaching: \_\_\_\_\_

Current Coaching Position: \_\_\_\_\_

Current LTAD Stage of Athlete Being Coached: \_\_\_\_\_

## Mentor Coach Applicant

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

NCCP #: \_\_\_\_\_

Certification Level: \_\_\_\_\_

Number of Years Coaching: \_\_\_\_\_

Current Coaching Position: \_\_\_\_\_

Previous Mentorship Experience:

Current LTAD Stage of Athlete Being Coached: \_\_\_\_\_

# Apprentice Coach Projected Achievements

## Objectives

### 1. Yearly Training Plan Development

- Yes
- No

If "Yes," provide a brief description on how it will be achieved (including dates and locations).

### 2. Practice and Skill Observation/Development

- Yes
- No

If "Yes," provide a brief description on how it will be achieved (including dates and locations).

### 3. Teaching of Sport Specific Tactics and Strategies

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

4. Coordination of Training Camps

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

5. Talent Identification

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

6. Team Selection

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

7. Preparation for Major Competitions

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

8. Working with Support Staff (ie. Sport Psych., Therapists)

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

9. Use of Technology

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

#### 10. Professional Development Opportunities

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

#### 11. Gap Analysis

- Yes
- No

If “Yes,” provide a brief description on how it will be achieved (including dates and locations).

Other

Yes

No

If "Yes," provide a brief description on how it will be achieved (including dates and locations).

## **Mentor Coach**

1. Please list the main objectives for the Mentor Coach participating in this program.

2. Please list benefits in your PSO from the Mentor Coach participating in the program.

## Budget (Other Sources)

Please list the funding amounts from **other sources** (ie. Club contributions, University/Colleges – if a varsity coach) for the following categories:

Honorariums/Fees & Registrations

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Travel/Accommodations

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Venue/Facility Costs

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Food

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Materials/Manuals/Resources

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Other (Please detail)

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## Budget (Requested from Q4G)

Please list the funding amounts **requested from Q4G** for the following categories: Maximum allowed request from Q4G is \$2000.

Honorariums/Fees & Registrations

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Travel/Accommodations

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Venue/Facility Costs

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Food

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Materials/Manuals/Resources

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Other (Please detail)

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