



#### **DETAILS**

NAME OF CLUB:		
NATIONAL REGISTRATION NUMBER:		
DATE OF FOUNDATION:		
ADDRESS:		
FEDERATION REGISTERED TO:		
TELEPHONE:		
EMAIL(S):		
CRITERIA		
Please see the criteria below for the N for a NZF Talent Development Progra	ZF Talent Development Programme. Clubs will need to meet all criteria in order to apmme . Please tick as appropriate:	pply
		NO
Is your club registered as a NZF Whole	e of Football club with a signed MOU with the local Federation?	
Does your club have an appropriate fa	cility available for at least 30 weeks of the year?	
Is your club able to offer a minimum of	three sessions per week at the facility for 90-120mins?	
Is the identified playing surface at leas	t half a football pitch?	
Do your NZF Talent Development Pro	gramme Coaches hold the relevant coaching qualifications?	
Do you have one person at each session	on that holds a current first aid qualification?	
Does your club have one team per age NZF's Federations?	-group for boys, girls or both in the youth competitions organised by	
Does the club have appropriate training	ng equipment, including:	
- at least one football per player i	n each team	
- at least 24 bibs, made up of 3 dif	ferent colours (3x10)	
- at least 2 larger goals		
- adequate number of cones		

Does your club meet the NZF Minimum Operating Standards for the NZF Talent Development Programme (Appendix 1)?

Does your Club have first aid kit available at all training sessions and games?

#### DETAILS OF THE DIRECTOR OF FOOTBALL

Each Director of Football of a club that runs the New Zealand Football Talent Development Programme must hold a minimum of the OFC/NZF B Licence or equivalent.

DIRECTOR OF FOOTBALL NAME:						
NATIONAL REGISTRATION NUMBER:						
START DATE WITH THE CLUB:						
EMAIL ADDRESS:						
PHONE NUMBER:						
HIGHEST COACHING QUALIFICATIONS:						
NZF COACHES NETWORK ACCREDITED:	YES	NO				

#### **QUALIFICATION OF COACHES**

Each head coach working at a NZF Talent Development Programme must hold a minimum of a NZF Youth Level 3 Coaching Award. Each assistant coach working at a NZF Talent Development Programme must hold a minimum of a NZF Youth Level 2 Coaching Award. Each goalkeeper coach working at a NZF Talent Development Programme must hold a minimum of a NZF Goalkeeping Level 1 Coaching Award.

# YOUTH TEAM HEAD COACH COACH NAME: NATIONAL REGISTRATION NUMBER: AGE GROUP(S): HIGHEST COACHING QUALIFICATIONS: NZF COACHES NETWORK ACCREDITED: YES NO FIRST AID QUALIFIED: YES NO

#### **QUALIFICATION OF COACHES**

				1001111EAMTIEAD COACIT
COACH NAME:				
NATIONAL REGISTRATION NUMBER:				
AGE GROUP(S):				
HIGHEST COACHING QUALIFICATIONS:				
NZF COACHES NETWORK ACCREDITED:	YES	NO		
FIRST AID QUALIFIED:	YES	NO		
				YOUTH TEAM HEAD COACH
COACH NAME:				
NATIONAL REGISTRATION NUMBER:				
AGE GROUP(S):				
HIGHEST COACHING QUALIFICATIONS:				
NZF COACHES NETWORK ACCREDITED:	YES	NO		
FIRST AID QUALIFIED:	YES	NO		
				YOUTH TEAM HEAD COACH
COACH NAME:				
NATIONAL REGISTRATION NUMBER:				
AGE GROUP(S):				
HIGHEST COACHING QUALIFICATIONS:				
NZF COACHES NETWORK ACCREDITED:	YES	NO		
FIRST AID OLIALIFIED:	VFS	NO		

#### **QUALIFICATION OF COACHES**

TOOTH TEAM ASSISTANT COACH			
		COACH NAME:	
		ONAL REGISTRATION NUMBER:	NATIONA
		AGE GROUP(S):	
		T COACHING QUALIFICATIONS:	HIGHEST CO
	YES NO	ACHES NETWORK ACCREDITED:	NZF COACHI
	YES NO	FIRST AID QUALIFIED:	
YOUTH TEAM ASSISTANT COACH			
		COACH NAME:	
		ONAL REGISTRATION NUMBER:	NATIONA
		AGE GROUP(S):	
		T COACHING QUALIFICATIONS:	HIGHEST CO
	YES NO	ACHES NETWORK ACCREDITED:	NZF COACHI
	YES NO	FIRST AID QUALIFIED:	
YOUTH TEAM ASSISTANT COACH			
		COACH NAME:	
		ONAL REGISTRATION NUMBER:	NATIONA
		AGE GROUP(S):	
		T COACHING QUALIFICATIONS:	HIGHEST CO
	YES NO	ACHES NETWORK ACCREDITED:	NZF COACHI
	YES NO	FIRST AID QUALIFIED:	

#### **QUALIFICATION OF COACHES**

			YOUTH	I EAM ASS	ISIANIC	JOACH
COACH NAME:						
NATIONAL REGISTRATION NUMBER:						
AGE GROUP(S):						
HIGHEST COACHING QUALIFICATIONS:						
NZF COACHES NETWORK ACCREDITED:	YES	NO				
FIRST AID QUALIFIED:	YES	NO				
				GOALK	EEPING (	COACH
COACH NAME:						
NATIONAL REGISTRATION NUMBER:						
AGE GROUP(S):						
HIGHEST COACHING QUALIFICATIONS:						
NZF COACHES NETWORK ACCREDITED:	YES	NO				
FIRST AID QUALIFIED:	YES	NO				
				GOALK	EEPING (	COACH
COACH NAME:						
NATIONAL REGISTRATION NUMBER:						
AGE GROUP(S):						
HIGHEST COACHING QUALIFICATIONS:						
NZF COACHES NETWORK ACCREDITED:	YES	NO				
FIRST AID QUALIFIED:	YES	NO				

Club Representative Date

Thank you for completing the NZF Talent Development Programme Application. By doing so you are contributing to raising standards within junior football. Player development is an integral part of New Zealand Football's Whole of Football Plan with the aim of improving the quality of experience and sustaining the involvement of players, coaches, administrators, volunteers and referees in football. New Zealand Football and its member Federations commend you on your commitment and dedication in supporting this aim. In completing this form our Club is committing to the requirements of delivering a NZF Talent Development Programme and to raising standards in football. We also confirm that the information provided is correct.

#### **FEDERATION CONTACTS**

FEDERATION NAME

For up to date contacts for your local Federation please visit their web site:

**WEB** 

Northern Football Federation	www.nff.org.nz
<b>Auckland Football Federation</b>	www.aucklandfootball.org.nz
WaiBop Football Federation	www.waibopfootball.co.nz
Central Football Federation	www.centralfootball.co.nz
Capital Football Federation	www.capitalfootball.org.nz
Mainland Football Federation	www.mainlandfootball.co.nz
Football South Federation	www.footballsouth.co.nz
FOR FEDERATION US Federation Name:	E ONLY:  Date received:
redefation Name.	Date received.
Football Development Feedback	
Game Development Feedback	
DECISION OF FEDERA	Application Successful: Application Unsuccessful:
Federation Representative	Date

## **APPENDIX 1**

#### MINIMUM REQUIREMENT OPERATING LIST

NZF TALENT DEVELOPMENT PROGRAMME					
Requirement	Details	Evidence	Req Met (Y/N)	Notes	
Playing Philosophy and Team Model	Must have a playing philosophy and Team Model	Show evidence of own playing philosophy or adoption of NZF's     Show team model			
Age groups offered	One team per age-group for girls, boys or both in the youth competitions organised by NZF's Federations	Players registered in     National Registration     System     Players observed during     appraisals			
Number of players	Maximum 18 players per age group	Players registered in     National Registration     System     Players observed during     appraisals			
Home Grown Players	Must have 12/18 home grown* players	Players registered in     National Registration     System     Players observed during     appraisals			
Relative Age Effect Offset	Must have no more than 10 of 18 players from one year group in dual banded groups	Players registered in     National Registration     System     Players observed during     appraisals			
Minimum of 30 week programme	Programme designed over 30 weeks	Training Programme     Submitted     Training Programme     Observed			
Number of training sessions per week	Minimum of 3 / maximum of 4 training sessions per week	Training Programme     Submitted     Training Programme     Observed			
Training Area	Must have a half pitch minimum for each group	Observed at training			
Curriculum delivered	NZF Talent Development Programme Curriculum or Equivalent	Training Sessions     Submitted     Training Sessions     Observed			
Director of Football	Accredited NZF B License	DOF registered on National Registration System			
Coach Qualifications Each top age-group team must have the following coaches:	Head Coach: Accredited Youth Level 3 Coaching Award Assistant Coach: Accredited Youth Level 2 Coaching Award Goal Keeper Coach: GK Level 1 Coaching Award	Coaches registered on National Registration System     Coaches observed during appraisals			
Emergency Aid	Must have one person at each session who holds a current first aid qualification	Observed during appraisal			

## **APPENDIX 1 cont...**

#### MINIMUM REQUIREMENT OPERATING LIST

Requirement	Details	Evidence	Req Met (Y/N)	Notes
Player to Coach Ratio	Maximum of 12:1 ratio	Observed during appraisal		
Player/Parent Induction meeting	Must hold an induction meeting for players and parents	Dates of meeting provided		
Player feedback meetings	Minimum of 2 meetings annual	Dates of meeting provided     Player feedback forms on National Registration System		
Mandatory shut down period	Must have a minimum of 6 weeks with no activity during December and January	Training Programme     Submitted     Training Programme     Observed		
Player Education Workshops	Must provide a minimum of 3 meetings annually	Training Programme     Submitted     Workshops observed		
Coach Education/ Player ID workshops	Coaches must attend a minimum of 2 Federation workshops per year	Coaches registered on     National Registration     System     Coaches' attendance at     meeting		
Agreed support visits from Federation	Minimum of 3 visits annually	Dates of meeting provided		
Club/School Link	Must have formal link to all schools of players within the programme	Schools assigned in National Registration System		

<sup>\*</sup>Home grown players are players that have been registered with the club or MOU club/school for 2 or more seasons.

REGISTRATIONS				
Requirement	Details	Evidence	Req Met (Y/N)	Notes
NZF Talent Development Programme Registered	NZF Talent Development Programme Registered on National Registration System	National Registration System		
Players Registered with NZF	Each player registered on National Registration System	National Registration System		
Player Medical Details	Medical details taken as part of registration	National Registration System		
Coaches Registered with NZF	Each coach registered on National Registration System	National Registration System		
Coaches Police Vetted	Each coach Police Vetted	Vetting forms observed at appraisal		
Minimum player registration period	Minimum of 30 weeks	Registration Form		

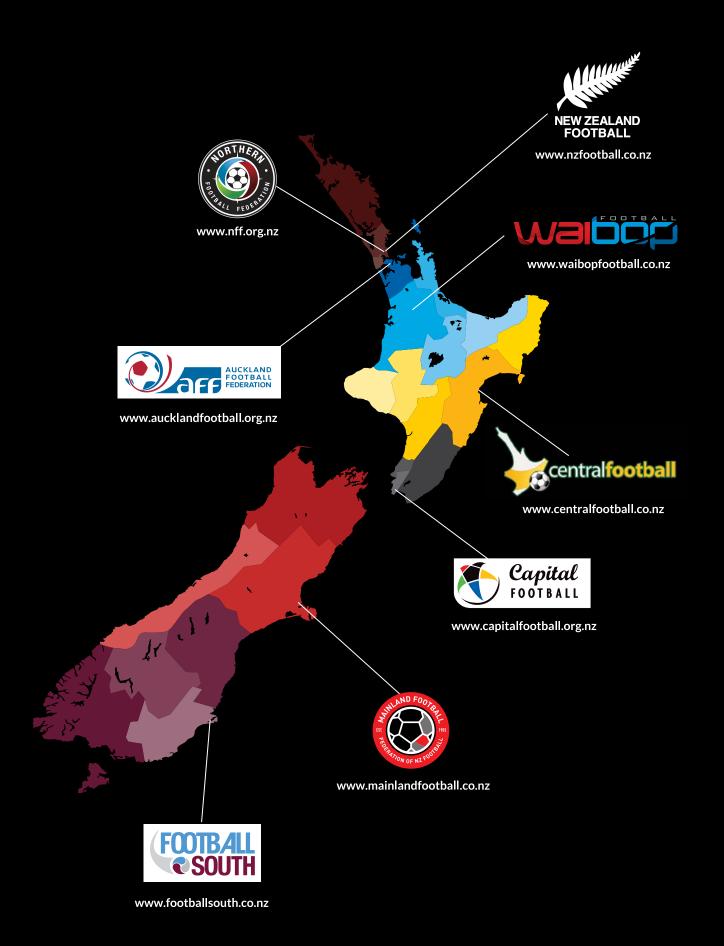
## **APPENDIX 1 cont...**

#### MINIMUM REQUIREMENT OPERATING LIST

Requirement	Details	Evidence	Req Met (Y/N)	Note
Session Duration	Minimum 60 mins / Maximum 120 mins	Observed at Appraisal		
Curriculum delivered	NZF Talent Development Programme Curriculum or equivalent	Observed at Appraisal		
Type of training surface	Grass or Turf Football     Surface     Suitable Futsal Surface     (if applicable)	Venue assigned on     National Registration     System     Observed at Appraisal		
Size of area used	Minimum of Half a pitch per team     Appropriate Futsal Venue (if applicable)	Venue assigned on     National Registration     System     Observed at Appraisal		
Quality of area used	Appropriate playing surface	Observed at Appraisal		
Size of Footballs	U13 – Size 4 U14-U17 – Size 5	Observed at Appraisal		
Number of Footballs	Minimum of 1 per player	Observed at Appraisal		
Quality of equipment used	Appropriate bibs, cones & goals	Observed at Appraisal		
First Aid	First Aid Kit present	Observed at Appraisal		
Attendance records	Weekly player register undertaken	Observed at Appraisal		

ADMINISTRATION				
Requirement	Details	Evidence	Req Met (Y/N)	Notes
Risk Assessment	Risk Assessment for venue undertaken	Risk Assessment Form completed		
Incident Reporting	Incident report and history to be recorded	Incident Reporting documents		
Link to local Clubs and Schools	Signed MOU with feeder Clubs and Schools	Signed MOUs		

Club Representative:	Date:
ederation Representative:	Date:



## **FEDERATIONS**

For more information please contact you local football federation.