Coach Mentorship Program 2018-2019

**Objective:**

 Coach mentorship grants are intended to provide member coaches with the opportunity to learn from an experienced mentor coach to improve the quality of gymnastics within their own club and within the Province.

**Eligibility:**

 The applicant must be currently employed with a Saskatchewan club and be a member in good standing with Gymnastics Saskatchewan and their local club. Applicants who have no direct contact with more experienced coaches and have limited resources within their club or sport district will take precedence.

**Priority Order for Funding:**

1. Rationale for mentorship request
2. Commitment to the mentorship program and future coaching intentions
3. Distance from a large gymnastics club
4. NCCP courses completed

**Qualifying Expenses:**

* The Mentor coach will receive honorarium/hour during the visit(s)
* Travel expenses (based on **gas receipts**) will be paid to the Mentor coach or the applicant (depending on who is traveling)
* Photo copying of resources supplied by the Mentor coach (copying will be completed by Gym Sask)

**Mentor Coach Responsibilities:**

* Have a preliminary phone conversation with the applicant to discuss what the applicant would like to learn from the mentor coach
* Plan learning opportunities and provide resources to the applicant
* Share his/her expertise and help the applicant grow as a coach
* Ensure the applicant has a positive and beneficial learning experience

**Process for Funding:**

1. Gymnastics Saskatchewan must receive the completed Mentorship Program Application Form by **October 31, 2018**. Mentorship opportunities must take place between November 1st & June 30th.
2. Gymnastics Saskatchewan will review the submitted applications. Eligible applications will be organized according to the described priority order for funding. Applications that do not meet the criteria or are incomplete will be removed and the applicant will be informed in writing of the application denial.
3. Gymnastics Saskatchewan will determine the funding amount and details of the mentorship opportunity based on budget allocations, the number of applicants, availability of the Mentor coach and applicant and the amount of travel required. Post Event Reports and expense forms must be submitted after each Mentorship activity. All reports and expense forms must be received by June 30th.

Coach Mentorship Program

Application Form 2018-2019

|  |
| --- |
| **Applicant Information** |
| Name: |
| Club: |
| Home Address:  (Street Address or Box #) (City/Town) (Province) (Postal Code) |
| Email Address: |
| Phone: ( ) | NCCP #: |
| NCCP Level or Courses Completed:  |
| **Mentorship Request** |
| Please describe why you would like to be matched with a mentor coach? |
| What would you like to learn from a mentor coach? (be specific) |
| What are your future plans as a gymnastics coach? |
| When would you be available to meet with a mentor coach? |
| When will your gymnasts train? |
| Would you be willing to travel to a mentor coach’s gym? |

**Application Deadline is October 31st**

**Submit Application to:**

Gymnastics Saskatchewan

#300 – 1734 Elphinstone Street; Regina, SK; S4T 1K1

Phone: 780-9229 Fax: 780-9475

Email: jbenson@gymsask.com Web: www.gymsask.com

**Gymnastics Saskatchewan reserves the right to withdraw funding at any time for failure to comply with the program requirements.**

**For office use only:**

Reception date: \_\_\_\_\_\_\_\_\_\_\_\_

€ Approved € Denied

Amount approved:\_\_\_\_\_\_\_\_\_\_

Coach Mentorship Program 2018-2019

|  |
| --- |
| **Post Event Report** |
| Name: |
| Club: |
| Name of Mentor Coach: |
| **Description of Mentorship Activity** |
| Date: | Duration: |
| Location: |
| Which gymnastics discipline did you focus on? GFA WAG MAG RG TTG |
| What stream of gymnastics did you focus on? (highlight or circle below)Active Start (under 6 yrs old), Recreational/Performance (6 yrs old and older), Inter-Club or Competitive |
| List the skills you focused on with your Mentor coach:  |
| What topics did you study with your Mentor coach? |
| Describe how this experience transformed your skills and abilities as a coach: |
| Did this mentorship activity meet your expectations? If so, how? If not, why not?  |

**€ Expense form with receipts is attached to this post event report.**

**All expense forms and post event reports must be submitted by June 30th.**

**Submit to:**

**For office use only:**

Reception date: \_\_\_\_\_\_\_\_\_\_\_\_

Amount approved:\_\_\_\_\_\_\_\_\_\_

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