

Elite Athlete Scheme

Application Form

It is important that you read the **Guidance Notes** attached before completing this form. If you have any further queries, please do not hesitate to contact the Sport & Wellbeing Development Unit; Sports Development, Causeway Coast and Glens Borough Council.

Once completed, forms should be returned to:

Stephen McCartney, Sports Development Manager, Ballysally Community Centre, 25 Ballysally Road, Coleraine, BT52 2QA or

email stephen.mccartney@causewaycoastandglens.gov.uk

Please complete the form using typescript or printing clearly in ink

For Office Use Only	
Membership No:	



APPLICATION FORM

Section 1

Name:
Address:
Postcode:
Home No:
Mobile:
Email:
Date of Birth:
Name of employer (if any):
Current school/University (if any):
Section 2
Sport:
Are you a member of any of the following squads in your sport?
Ulster / Northern Ireland / Ireland / Great Britain (Delete as appropriate)
Age/Level (e.g., U-18, U-21, Senior and Veterans etc.):
Club Represented:
Club Contact (coach/manager):
Club Address:
Club Postcode:
Contact no:
Email address:

Name of National Go	verning Body:			
NGB Contact Name:				
NGB Address:				
NGB Postcode:				
Contact No:				
Email Address:				
L				
Section 3				
Are you receiving assi	stance from ar	nother source?	Yes / No	(Delete as appropriate)
If yes, please provide				(
	_		200 0 0 2 2 2 2 2 2 2	Duration of assistance and are
Name of Organisation/f providing assistance	unding body	funding	nce e.g., amount of	Duration of assistance e.g., one off payment, 1 year agreement etc. (Please provide dates)
Section 4				
Do you currently repre	esent Ulster / N	I. Ireland / Ireland	/ Great Britain in a	ny age category of your sport?
Yes / No	(delete as a	ppropriate)		
If yes, please detail:				
Are you currently rank	ed within top 1	0 (Senior Level) i	n N. Ireland in your	sport?
Yes / No	(delete as a	ppropriate)		
If yes, please detail:				
Are you currently com	peting at Interr	national Level in y	our sport?	
Yes / No	(delete as a	ppropriate)		
If yes, please detail:				

ease state within the last • Any international co	ompetitions you	i have participated i	n	
Competition/Ev	rent		Venue	Date
- 1				
Any occasions you	have represent	ted Ulster / N. Irelar	nd / Ireland / Great Brita	in
Country/Team Repre	esented	Compe	etition/Event	Date
				or next competition
	esent Ulster / N			or next competition
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Please enclose written confirmation from your governing body that you belong to one of the previous mentioned elite programmes/squads

Section 5

Declaration:

- I certify that the information provided is true, accurate and complete.
- I understand the terms and conditions of the Elite Athlete Scheme.
- I hereby agree to abide by the rules and administrative arrangements as laid down by the Elite Athlete Scheme Guidance Notes.
- If successful in receiving Elite Athlete Scheme membership, I hereby agree to participate free of charge in any promotional and marketing activities relating to Council Leisure / Recreation Facilities as requested.

Signea:				
(To be signed by parent/guardian for applicant under the	e age of 18)			
Checklist:		Tick		
Any additional information to support you	r application			
Written confirmation from your Governing	Body			
A signed copy of the declaration				
Does the application contain an original signature?				
Have all relevant sections of the application form been completed?				
Official Use Only				
Agreed time period for membership of Elite Ath	nlete Scheme:			
From:	To:			
Signed:	Date:			
Card Issued on:				