****

##### **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 Governing Body: |
| NGB Contact Name: |
| NGB Address: |
| NGB Postcode: |
| Contact No: |
| Email Address: |

Section 3

Are you receiving assistance from another source? Yes / No (Delete as appropriate)

If yes, please provide the following information:

|  |  |  |
| --- | --- | --- |
| Name of Organisation/funding body providing assistance | Nature of assistance e.g., amount of funding  | Duration of assistance e.g., one off payment, 1 year agreement etc. (Please provide dates) |
|  |  |  |
|  |  |  |
|  |  |  |

Section 4

Do you currently represent Ulster / N. Ireland / Ireland / Great Britain in any age category of your sport?

Yes / No (delete as appropriate)

If yes, please detail:

Are you currently ranked within top 10 (Senior Level) in N. Ireland in your sport?

Yes / No (delete as appropriate)

If yes, please detail:

Are you currently competing at International Level in your sport?

Yes / No (delete as appropriate)

If yes, please detail:

Please state within the last 12 months:

* Any international competitions you have participated in

|  |  |  |
| --- | --- | --- |
| Competition/Event | Venue | Date |
|  |  |  |
|  |  |  |
|  |  |  |

* Any occasions you have represented Ulster / N. Ireland / Ireland / Great Britain

|  |  |  |
| --- | --- | --- |
| Country/Team Represented | Competition/Event | Date |
|  |  |  |
|  |  |  |
|  |  |  |

Please state your future intentions (next 12 months) to compete at international level or next competition you have been selected to represent Ulster / N. Ireland / Ireland / Great Britain

|  |  |  |  |
| --- | --- | --- | --- |
| Country/Team | Competition/Event | Venue | Date |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| Please details any personal achievements in your chosen sport: |

**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.

Signed: Date:

(To be signed by parent/guardian for applicant under the age of 18)

| Checklist: | Tick |
| --- | --- |
| * Any additional information to support your 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 Athlete Scheme:

From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Card Issued on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_