Elite Athlete Program Application Form



This form is for students who wish to register or renew annually with the Elite Athlete Program. Please review the information on the <u>Elite Athlete Program</u> website before completing this form.

All applications require a supporting letter from a state, national or international sporting body confirming your proof of selection and participation at an 'elite' level for the current year of study. The letter must meet the following criteria to be considered for the Elite Athlete Program:

- The letterhead must be from a state, national or international sporting body;
- Outline your current training commitments, including any travel requirements, for state, national or international sporting commitments.

| 1. Personal Details | | | | | | | | | | |
|---|--|----|-------------------------|----------------|--|--|--|--|--|--|
| Given Name | | | Family Name | | | | | | | |
| ECU Student Number | | | Student Email address | | | | | | | |
| Phone Number | | | Best Contact Time & Day | | | | | | | |
| 3. Sporting Details | | | | | | | | | | |
| Sport(s) / Event(s) | | | | | | | | | | |
| Highest Division Completed (include year) | | | | | | | | | | |
| 4. Competitive Level | | | | | | | | | | |
| Competition | | | Year/s | Event/Division | | | | | | |
| Senior National Squad Member | | | | | | | | | | |
| Junior National Squad Member | | | | | | | | | | |
| Senior State Representative | | | | | | | | | | |
| Junior State Representative | | | | | | | | | | |
| Other | | | | | | | | | | |
| 5. Weekly Elite Sporting Commitments | | | | | | | | | | |
| Indicate your typical weekly training, competition & other sport related commitments, including times for each (i.e. Monday AM weights 6am-8am; Monday PM skills session 4pm-6pm; Monday PPM physiotherapy 6:30pm-7pm). | | | | | | | | | | |
| Day | | AM | PM | РРМ | | | | | | |
| Monday | | | | | | | | | | |
| Tuesday | | | | | | | | | | |
| Wednesday | | | | | | | | | | |
| | | | | | | | | | | |

Elite Athlete Program **Application Form**



| Thursday | | | | | | | | | | |
|---|--|-------|--|--|--|--|------|--|--|--|
| Friday | | | | | | | | | | |
| Saturday | | | | | | | | | | |
| Sunday | | | | | | | | | | |
| Total (hours per week) | | | | | | | | | | |
| 6. Sport Scholarship Held (Note: applicants do not need to hold a scholarship to apply) | | | | | | | | | | |
| Australian Institute of Sport | | | | | | | | | | |
| Western Australian Institute of Sport | | | | | | | | | | |
| Other State Institute/Academy of Sport | | | | | | | | | | |
| None | | | | | | | | | | |
| 7. Sporting Contacts | | | | | | | | | | |
| Name of State or National Sporting Organisation | | | | | | | | | | |
| Institute of Sport of Sporting Organisation Contact This must be a person who is authorise verify accuracy of information presente this application | | Name | | | | | | | | |
| | | Role | | | | | | | | |
| | | Phone | | | | | | | | |
| | | Email | | | | | | | | |
| Personal Coach | | Name | | | | | | | | |
| | | Phone | | | | | | | | |
| | | Email | | | | | | | | |
| 9. Promotion Consent | | | | | | | | | | |
| Do you consent to be contacted by ECU to support and/or attend events for promotional purposes? | | | | | | | No □ | | | |

Your completed form and supporting letter should be submitted to: $\underline{studentsuccess@ecu.edu.au}.$

We will contact you with an outcome or to request further information if required.