Victoria University Secondary College
Sports Academy Application

Please fully complete the application and return back to the College Office by 1st September.

Victoria University Secondary College, PO Box 83
Jamieson Street, St. Albans, 3021
Information for Prospective Sports Academy Athletes

The Victoria University Secondary College (VUSC) Sports Academy has been implemented to support our community’s growing demand for a program which provides pathways and opportunities for our students in sport. It is recognised that Sport, Health and Physical Education play an important part in an individual’s holistic growth and development, and gaining an opportunity to develop these skills further, student athletes require specialised and specific support to help develop their skills and create a pathway for further sporting success.

As young athletes develop they are no longer challenged in the normal Sport or PE class and need further challenges to enable their development (strategically, tactically and physically). This can be achieved through providing our student athletes with a differentiated learning environment within the HPE Domain; an educational climate where the education needs and wants of the student athlete are adapted to their level and pace of learning.

VUSC Sports Academy Motto: The Pathway to Sporting Success, through Sporting Excellence

The aim of the academy is to encourage positive educational outcomes for students (boys and girls) by means of sport and recreation.

The VUSC Sports Academy Programs:
- Talent Identification and Development Program (Grade 5 and 6)
- Athlete Development Program (Year 7-12)
- Sport Leadership Program (Year 9-12)
- Sport Development Program (Year 10 -12)

The Talent Identification and Development Program is the induction/foundation program for students involved in the VUSC Sports Academy. The program provides opportunities to our young student athletes in feeder primary schools, via an educational program which covers topics to better equip these young athletes with personal and physical skills to prepare them for secondary and higher competition. This program creates a potential pathway into the VUSC Sports Academy Athlete Development Program.

The Athlete Development Program provides an opportunity for students in Years 7-12 to further improve their strategic, tactical and physical skills through an annual specialist sports development program. The program includes topics such as: goal setting, time management, diet and nutrition and individual performance analysis to better equip our student athletes with the tools they require to reach their full potential. Students from a variety of sporting fields are encouraged to apply for this program.

The Sport Leadership Program provides opportunities to our students in Years 9-12 to improve their leadership skills and increase their employability in the sport coaching field, through a School Sports Victoria (SSV) supported and accredited initiative called Sport Leadership Award. Students receive training as part of the course and then go on to coach and mentor young athletes and primary schools in increasing sport participation levels. The strong partnerships with SSV, primary schools, and the Victorian Institute of Sport provides our students with a kick start into the sporting field, via a hands on experience.

Our Sport Development Program – Rugby League Academy, Rugby Union Academy, Soccer Development Program or Netball Development Program is a specialised ‘select entry’ program, which provides opportunities for students in Years 10-12 in the rugby field or Year 7-12 for Soccer and Netball to further develop their skills and development through a specialist program. Students involved in these programs will work closely with trained VUSC staff and Melbourne Storm or Football Federation Victoria and Netball Victoria personnel to develop their skills and expertise.
The VUSC Sports Academy student athletes have access to:

- An engaging curriculum and programs.
- Raised student expectations.
- Programs that foster students' development and encourages social growth.
- Encourages increased student participation levels in sport and physical activity.
- Talent identification program which is the starting point for the development, case management and fast tracking of athletes towards success in sports in which they are suited. It is the all important bridge that fills the gap between grassroots and higher sporting competitions.
- Talent Identification and Development program pathway – ensuring that our future student athletes are both discovered and assisted to reach their full potential.
- Strong partnerships with community organisations i.e. sporting clubs, universities, schools, State Sporting Organisations (SSO).
- Support for student athletes to attend and participate in higher competitions, with a particular focus on emerging athletes and junior development.
- Accessibility to our very own fully equipped weights, boxing and circuit rooms, including an outdoor fitness equipment area.

The VUSC Sports Academy takes a holistic approach to our sporting programs and is aimed at strengthening our student athletes as a whole.

The VUSC Sports Academy will continue to map the course for increased opportunities for our young athletes to participate in sport and activity and continued sporting excellence for our local youth. This will be achieved through our partnerships across tiers of community and government, a close co-operative approach with our sporting organisations and an increased partnership with local primary schools.

The VUSC Sports Academy is complemented by School Sports Victoria programs. The College has adopted a whole-school sport approach with a focus on enhancing sporting participation and pathways for the benefit of health, productivity, social inclusion as well as sporting success.

**Funding for Sport Scholarship Athletes:**

The Sports Academy receives the majority of its funding from sponsorship. This money is used to subsidise the various Sports Academy Programs, individual Student Athletes and purchase much needed resources to better equip our student athletes. **If you would like to be involved in any sponsorship opportunities in the future please contact the school to organise a further meeting to discuss this exciting opportunities.**

**Annual Fees:**

As participation in the VUSC Sports Academy is not a compulsory requirement, students involved in various academy programs will be required to pay a fee to cover the cost of running the various programs. This will be specific to the sport program the student athlete is involved in and will vary across each sport.

The fee will cover course requirements and pay for competition and travelling costs within Victorian based competitions. All successful Academy Student Athletes will receive their sport specific training uniform and other relevant resources as part of their induction into the academy.

Students who are accepted into their Academy program are required to pay a minimum 50% deposit by the end of Term 4 this year with the remaining balance to be paid by the end of Week 4, Term 1 2017.

**Note:** If for any reason you may not meet the above payment requirement, can you please contact our College Business Manager, Kerri Trevaskis, on 8312 0200 to discuss possible payment plan.
** Please retain the first three pages (including this page) for you information, do not hand in with application**

Note: All forms must be filled out in full and returned to the VUSC Sports Academy, PO BOX 83, St Albans, VIC 3021
SPORT ACADEMY APPLICATION FORM

Student Athlete Details and Declaration
Confidentiality clause: Please note that this information will only be made available to VUSC Sports Academy staff including coaches and support staff, State and Partnership Organisations as appropriate. One copy will be stored in the Student’s File, and a copy will be made available to the Program Coordinator and Coach.

Note: All forms must be filled out in full and returned to the VUSC Sports Academy, PO BOX 83, St Albans, VIC 3021

I am applying for inclusion into the VUSC Sports Academy into the (you may select more than one):

- Soccer Development Program
- Athlete Development Program
- Sport Leadership Program
- Netball Development Program
- Rugby Academy

(Please nominate Sport) ________________________________________________.

Athlete’s Details (Block Letters)

First Name: ____________________________ Surname: ____________________________

Age: ______ Date of Birth: / / Gender: Male / Female

Current School: ____________________________ Current Year Level: ________________

Athlete’s Mobile: ____________________________

Athletes Email:

Parent Contact Details

Parent / Guardian Full Name: ____________________________________________

Street Address: _________________________________________________________

Suburb: ____________________________ Postcode: __________

Home Number: ____________________________ Mobile: ____________________________

Parent / Guardian Email:

Emergency Contact Name: ____________________________________________

Relationship to Student Athlete: ________________________________________

Home Number: _______________ Mobile: _______________ Work Number: __________
## Athlete’s Sporting Profile

<table>
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<th>Sport: ______________________________</th>
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**Note:** If there is more than one sport, please photocopy and complete this page again.

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<th>Athlete’s Full Name: ______________________________</th>
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<th>Current Sport Team: ______________________________ (Preference given to students members of an external sporting club).</th>
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<th>League / Competition: ______________________________</th>
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<th>Playing Position: ______________________________</th>
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<th>Name of Current Coach: ______________________________</th>
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<th>Contact Details of Coach: ______________________________</th>
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**Representation and Achievements** (indicate present or latest team selection if applicable)

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<th>School:</th>
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Please list other interests and involvements (e.g. Community groups, volunteering etc):

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(Please attach further documentation if required).
### Indicate your main objectives/aims/goals in your chosen sport over the following periods;

**Immediate (this Year):**
- [ ]
- [ ]
- [ ]

**Medium Term (2 Years):**
- [ ]
- [ ]
- [ ]

**Long-Term (5-10 Years):**
- [ ]
- [ ]
- [ ]

### What are your academic goals?
- [ ]
- [ ]
- [ ]

### What are your career goals?
- [ ]
- [ ]
- [ ]

### Please list your strengths as an athlete?
- [ ]
- [ ]
- [ ]

### Please specify areas of your sporting progress you would like to work on in the next twelve months:
- [ ]
- [ ]
- [ ]

### Briefly indicate why you want to enrol in the VUSC Sports Academy:
- [ ]
- [ ]
- [ ]
SCHOOL COORDINATOR EVALUATION

Dear School Co-ordinator,

The student listed below has applied for a scholarship with the VUSC Sports Academy. The Academy maintains a ‘holistic’ approach to the development of our student athletes. This involves an academic and community emphasis as well as sporting development.

For this reason we request (with parental/guardian consent) that the following details be completed and returned with the application to:

Victoria University Secondary College
Sports Academy,
PO Box 83, St Albans
VIC 3021

**Athlete’s Name:** __________________________________________________________________________

**School:** ____________________________________________  **Year Level:** ______________

**Academic Ability:** Below Average / Average / Above Average / Well Above Average

Any Comments? __________________________________________________________________________

________________________________________________________________________________________

**Attitude:**

School Work and in General ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Relationship with Staff and Peers:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

**Signature:**  ×C O O R D I N A T O R  **Name:** ______________________________

**Date:** ___/___/___

*The Pathway to Sporting Success, through Sporting Excellence*
STUDENT ATHLETE AGREEMENT

By accepting a position in the VUSC Sports Academy, you agree to comply with all conditions set out below and you must understand that failure to do so may result in exclusion from the VUSC Sports Academy Programs.

- Conduct yourself in a manner that meets the high standards and expectations set out by the school;
- Co-operate with the College endeavours to deliver a quality sports program;
- Demonstrate sporting commitment and/or achievement in the selected sport as well as a positive attitude to your academic program to reach your full potential;
- Work with your coaches and support staff to improve your individual and team performance, by attending scheduled training and team meetings;
- Notify coaching staff in advance of your inability to attend any session and disclose your reasons for non-attendance;
- Comply with the training requirements as laid down by the coaches and accept and respond in a positive manner to their requests and constructive criticism;
- Maintain personal habits of health conducive to sporting excellence and good health;
- Abide by the ‘player code of conduct’ which is expected by all students participating and representing the school in Inter-School Sport;
- Accept victory or defeat with dignity and grace;
- Wear the appropriate school uniform in a dignified manner when representing the College;
- Wear your Academy uniform with pride, remembering you are a visible identity of the Academy and our College;
- Agree to attend Academy promotional events as requested.

“Having read and understood the above program conditions, I accept these conditions as stated.”

Signature: ×STUDENT ATHLETE

Date: ___/___/___
SPORTS ACADEMY DECLARATION

Student Athletes Name: ________________________________

I wish to participate in the Victoria University Secondary College Sports Academy Program and I declare that all the information submitted on the attached forms are correct and complete.

I understand that the Academy reserves the right to vary or reverse any decision regarding my participation, made on the basis of incorrect information or my failure to comply with all details stated in the VUSC Sports Academy Program Conditions.

Note: As well as agreeing to the above, I hereby give permission for my son/daughter to participate in any tours or camps arranged as part of this program and about which details are communicated to student athletes and their parents by the Academy. I also agree to meet all payments of fees on time, or as arranged with the VUSC Business Manager – Kerri Trevaskis (8312 0200).

Signature: × P A R E N T / G U A R D I A N       Signature: × S T U D E N T A T H L E T E

Date: __/__/___       Date: __/__/___
MEDICAL AUTHORITY

This form must be completed by the parent/guardian of the athlete, and returned with the application.

CONFIDENTIALITY: Please note that this information will only be made available to VUSC Sports Academy staff including coaches and support staff, State and partnership organisations as appropriate and relevant medical authorities.

This authority is completed with relation to:

__________________________________________________________________________________
(Print student athletes name)

of ______________________________________________________________________________
(Print student athletes address)

List of known illnesses: (e.g. Asthma, epilepsy, back injury, etc)

__________________________________________________________________________________

Give details of any operations or surgical procedures undergone within the past five years:

__________________________________________________________________________________

List any medication or drugs currently being taken:

__________________________________________________________________________________

Please Provide any details of allergies that you child has, please be specific:

__________________________________________________________________________________

I, __________________________________________________________
(Print parent / guardian name)

being the parent / guardian of
_____________________________________________________________________________
(student athletes name)

Date: _____ / _____ / 20__

Medicare Number: ________________________________

Family Doctor: ________________________________ Number: _________________________