

## Senior Campus RUGBY LEAGUE ACADEMY APPLICATION FORM 2023

Please complete all pages in full and return by Friday 26th August 2022 to one of the following:

- 1. In person at VUSC Senior Campus Administration Office, 43 Ken Jordan Rd Cairnlea 3023
- 2. Via mail to PO Box 83, St Albans 3021
- 3. Via email to victoria.university.sc@education.vic.gov.au marked attention to Tony Adam.

## **Student Athlete Details and Declaration**

<u>Confidentiality clause</u>: Please note that this information will only be shared with VUSC staff as well as State and Partnership Organisations as required. One copy will be stored in the Student's File, and a copy will be made available to the Program Coordinator and Coach.

I wish to apply for entry into the <i>VUSC Rugi</i> Year 10  Year 11  Year 12	, ,	demy for 2023 at year level:		
Student's Details (please use capital letters)				
First Name:	s	urname:		
Age: Date of Birth: /	/	Gender: Male / Female (please circle)		
Current School:		Current Year Level:		
Student's Mobile:				
Student's Email:				
Parent /Guardian Details				
Parent / Guardian Full Name:				
Street Address:				
Suburb:	Postcode:	Mobile:		
Parent / Guardian Email:				
Emergency Contact Name:				
Relationship to Student:		Mobile:		

Student's Sporting Profile
Sport:
Note: If you currently play more than one sport, please photocopy and complete this page again.
Student's Full Name:
Current Sport Team:
League / Competition:
Playing Position:
Name of Current Coach:
Contact Details of Coach:
Representation and Achievements (indicate present or latest team selection if applicable)
School:
Association:
Please list other interests and involvements (e.g. Community groups, volunteering etc):
Indicate your main objectives/aims/goals in your chosen sport over the following periods:
Immediate (this Year):
Long Term:

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 Rugby League Academy.	



## **SCHOOL CO-ORDINATOR EVALUATION**

Dear School Co-ordinator,

Student's Name:

The student listed below has applied for entry into the VUSC Rugby League 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

Or via email to victoria.university.sc@education.vic.gov.au attention Tony Adam.

School:		Year Level:
Academic Ability:	Below Average / Average / A	Above Average / Well Above Average
Comments		
Relationship with sta	ff and peers	
Signature:	×COORDINATOR	Name:
	Date://	