



RUGBY LEAGUE ACADEMY

APPLICATION FORM

Please complete all pages in full and return to the College or PO Box 83, St Albans 3021 by Friday 18th September 2020 (last day of Term 3).

Student Athlete Details and Declaration

Confidentiality clause: 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 am applying for entry into the **VUSC Rugby League Academy for 2021** at year level:

Year 10 Year 11 Year 12

Student's Details (please use capital letters)

First Name: _____ Surname: _____

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: _____

Home Number: _____ Mobile: _____

Parent / Guardian Email: _____

Emergency Contact Name: _____

Relationship to Student: _____

Home Number: _____ 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:

State:

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,

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
Rugby League Academy
PO Box 83
St Albans VIC 3021**

Student's Name: _____

School: _____ **Year Level:** _____

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

Comments _____

Attitude regarding school work and in general _____

Relationship with staff and peers _____

Signature: xCOORDINATOR **Name:** _____

Date: ___ / ___ / ___