



# SPORTS ACADEMY APPLICATION FORM

## Junior Campus Year 7-9

**Please complete all pages in full and return to the College or PO Box 83, St Albans 3021 by Friday 18<sup>th</sup> September 2020 (end of Term 3).**

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### **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.

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I am applying for entry into the following **VUSC Sports Academy Program/s for 2021:**  
**(you may select more than one):**

Athlete Development Program       Rugby League Academy

#### **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 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 CO-ORDINATOR EVALUATION

Dear School Co-ordinator,

The student listed below has applied for entry into 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**

**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:**     \_\_\_ / \_\_\_ / \_\_\_