

**Borders Athlete Support Programme**

Application Form

If possible, save this form to your computer, complete it

and then send electronically to asp@liveborders.org.uk



**Borders Athlete Support Programme**

**Application Form**

CONTACT DETAILS

ADDRESS

FULL NAME

CONTACT DETAILS

MOBILE:

HOME:

WORK:

EMAIL:

POST CODE:

DATE OF BIRTH

GUARDIAN CONTACT DETAILS (If under 18)

MOBILE:

HOME:

WORK:

EMAIL:

CONTACT DETAILS

POST CODE:

ADDRESS

NAME

POST CODE:

 COACH DETAILS

CLUB

 SPORT DETAIL

SPORT

 (For which application is made)

SPECIALIST EVENT/DISCIPLINE

ADDRESS

NAME

MOBILE:

HOME:

WORK:

EMAIL:

CONTACT DETAILS

Performance Detail

COMPETITION (RESULTS, PB’s, MEDALS ETC)

Performance - previous 12 months

Please provide specific details below (including dates, event, position and performance as appropriate) of your best achievements over the last 12 months.

**\*ALL SECTIONS ARE MANDATORY AND MUST BE COMPLETED FOR APPLICATION TO BE CONSIDERED.\***

 PERFORMANCE DETAILS

ANY EARLIER MAJOR ACHIEVEMENTS:

COMMENTS:

COMMENTS

3.

2.

1.

SELECTIONS (SQUADS, TEAMS, TRAINING CAMPS)

COMMENTS

3.

2.

1.

PERFORMANCE

Please tell us what your aims are for the first 12 months of being on the Athlete Support Programme

Please tell us why you require the support from the Athlete Support Programme

PHYSICAL PREPARATION (PLEASE TELL US WHY YOU REQUIRE THIS SERVICE BELOW)

SUPPORT SERVICES

ACCESS TO TRAINING FACILITIES (PLEASE TELL US WHY YOU REQUIRE THIS SERVICE BELOW)

LIFESTYLE ADVICE (PLEASE TELL US WHY YOU REQUIRE THIS SERVICE BELOW)

BEING ON THE ASP WILL ALLOW YOU ACCESS TO FOUR CORE SERVICES AS APPROPRIATE

MEDICAL & PHYSIOTHERAPY SUPPORT (PLEASE TELL US WHY YOU REQUIRE THIS SERVICE BELOW)

Do you currently train to a written projected training/performance plan? YES

(PLEASE TICK) NO

If yes, submit a copy of your current plan along with this form. If you do provide a copy, it will only be used for reference purposes in relation to your involvement with the ASP and competitions dated may be used on social media posts.

SUNDAY

SATURDAY

FRIDAY

THURSDAY

WEDNESDAY

TUESDAY

MONDAY

CURRENT TRAINING PROGRAMME

PLEASE DETAIL TIMES AND WHERE YOU USUALLY TRAIN

COACH’S SIGNATURE ………………………………………………….

DATE……………………..

DATE……………………..

Please give details of any funding or support services currently being received (e.g. from your local ClubSport organisation, your sport’s National Governing Body or any other organisations)

CURRENT SUPPORT

ATHLETE’S SIGNATURE………………………………………………….

ADDITIONAL INFORMATION

(If submitting this application electronically please insert name in the signature box)

SIGNED

He/she is currently ranked as follows for his/her discipline. (Where one exists, please provide the formal statistical ranking, failing which an objective based opinion.

EMAIL:

TEL No:

POSITION

NGB NAME

The NGB’s National Coach, Performance Director or equivalent at national level (not the athlete’s own coach) should complete this section.

\*ALL SECTIONS MUST BE COMPLETED FOR THE APPLICATION TO BE CONSIDERED. ANY INCOMPLETE FORM WILL BE RETURNED AND ASKED FOR COMPLETION\*

NATIONAL GOVERNING BODY SECTION

I confirm that to the best of my knowledge the details provided by the athlete in this application form are accurate.

CONTACT DETAILS

ENDORSED BY

 COMMENTS

 OTHER (please specify)

UK (if relevant)

 SCOTLAND

 AREA/REGION (per your sport)

 SCOTTISH BORDERS

AGE GROUP (UNDER )

POSITION

PERFORMANCE PLAN

Please comment on the support services currently provided for the athlete from the NGB

Please tell us why you feel the athlete will benefit from the Athlete support programme:

Please comment on the progress the athlete makes on a year-to-year basis to achieve this level:

 Already Very Likely Probably Possibly Outside Unlikely

Attained Chance

SCOTLAND

GREAT BRITAIN

 Already Very Likely Probably Possibly Outside Unlikely

Attained Chance

Please comment on the likelihood of the athlete representing Scotland/Great Britain within the next 5-6 years

(PLEASE MARK WITH AN X AS APPROPRIATE)

 Please comment on the progress the athlete makes on a year-to-year basis to achieve this level:

 Already Very Likely Probably Possibly Outside Unlikely

Attained Chance

Please comment on the likelihood of the athlete making **sport**Scotland Institute of Sport level within the next 3 years

(PLEASE MARK WITH AN X AS APPROPRIATE)

PLEASE COMMENT ON THE ATHLETE PERFORMANCE OVER THE PAST 12 MONTHS

ONTHS

MONTHS

Send us the form electronically via

asp@liveborders.org.uk

Or post to:

ASP

C/o Live Borders

St Mary’s Mill

Selkirk

TD7 5EW