



BARWON
sports academy

BARWON SPORTS ACADEMY APPLICATION FORM 2018

GOLF

Please return to BSA no later than: **Friday December 8th 2017**

Barwon Sports Academy, 370 Moorabool St, Geelong Vic, 3220:

Email admin@barwonsportsacademy.org.au

Ph: 5224 9110, fax: 5224 9100

ATTENTION

- *Please attach a Sporting Resume/ List of Achievements with your application*
- *The school section can be completed as soon as possible.*

GOLF SELECTION CRITERIA 2018

Objectives of a Barwon Sports Association Golf Program

“Golf Victoria views the inclusion of the sport into the BSA as an excellent fit with our Vision, Mission and Objectives: Specifically the inclusion of Golf into the BSA would fit within Victoria golf development pathway.”

Targeted Squad

- Boys and Girls 14 – 18 years old.

CRITERIA FOR SELECTION OF BARWON SPORTS ACADEMY GOLF PROGRAM

1. Must be a member of a district club affiliated with the SWGA.
2. Must fit one of the following ability profiles –

U 18

Boys – handicap 6 or less
Girls – handicap 20 or less?

The Advisory committee reserves the right to include an athlete over 18 if advised so by the VIS.

U 16

Boys – handicap 10 or less
Girls – handicap 25 or less

These will be used as a general guide. Final decision will be made through consultation of the Advisory board

1. SCHOLARSHIP APPLICANT'S PERSONAL DETAILS:

1. ATHLETE:

Family name _____

Given Name/s _____

HOME ADDRESS:

Postcode _____

Home Phone () _____ Mobile (if applicable) _____

Email contact _____

Date of Birth _____ Male / Female (*please circle*)

2. PARENT/GUARDIAN CONTACT DETAILS:

Contact #1

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

Contact #2

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Relationship to scholarship Applicant _____

Employer name and address (if applicable) _____

Position Title _____

B/H Phone () _____ Mobile _____

E-mail _____

3. **COACH CONTACT DETAILS:** (this refers to your current Non-Academy Coach, if applicable)

Mr/Mrs/Miss/Ms Family Name _____

Given Name _____

Address _____

Postcode _____

Home Phone () _____ Bus () _____

4. **CURRENT SCHOOL:**

Year Level _____

Home Room Teacher _____

5. **SCHOLARSHIP APPLICANT'S SPORTING/INTERESTS PROFILE:**

a) School/Association/State Representation and Achievements (Sport Specific)

b) Please list other interests and involvements (eg. Community groups, arts etc)

SCHOLARSHIP APPLICANT'S SIGNATURE: _____

DATE: ____/____/2017

6. MEDICAL AUTHORITY:

(The following details are required to be completed by the scholarship applicant's parent or guardian and returned to BSA.)

This authority is completed with relation to

_____ *(Print scholarship applicant's name)*

of _____ *(Print scholarship applicant's address)*

LIST OF KNOWN ILLNESSES: (eg. asthma, epilepsy, bronchitis, back injury, etc.):

GIVE DETAILS OF ANY OPERATIONS OR SURGICAL PROCEDURES UNDERGONE WITHIN PAST FIVE YEARS:

LIST ANY MEDICATION AND/OR DRUGS CURRENTLY BEING TAKEN:

PROVIDE ANY FURTHER INFORMATION THAT IS CONSIDERED NECESSARY, SHOULD EMERGENCY TREATMENT BE REQUIRED: (eg. Details of any allergies)

I, _____ *(Print parent/guardian name)*

being the parent/guardian of

_____ *(Scholarship Applicant's Name)*

Date: ____/____/2017

Confidential:

Medicare Number _____

Family Doctor _____



7. SCHOOL YEAR CO-ORDINATOR'S EVALUATION FORM:

Dear School Co-ordinator,

The person listed below has applied for a scholarship with the Barwon Sports Academy. The Academy maintains a 'holistic' approach to the development of its athletes. This involves an academic and community emphasis as well as athletic development.

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

*The Executive Officer
Barwon Sports Academy,
Sports House, Moorabool Street
Geelong. 3220.*

ATHLETE NAME _____

SCHOOL _____ **YEAR** _____

ACADEMIC ABILITY: Below Average/Average/Above Average/Well Above Average

Any Comments?

ATTITUDE:

School Work

General

RELATIONSHIP WITH STAFF:

RELATIONSHIP WITH PEERS:

SIGNATURE: _____

Date: ____ / ____ /2017

BSA GOLF PROGRAM – ATHLETE DATA

Golf Clubs Played For and how many years played there

-
-
-
-

Golf Australia Handicap:

Golfink Number:

Current Coach:

Golfing Achievements:

-
-
-
-
-
-

2016 Tournament Performances:

-
-
-
-
-
-