



---

## Barwon Sports Academy Application 2017 GOLF PROGRAM

Please return to BSA no later than: **Friday December 9th 2016**  
Barwon Sports Academy, 370 Moorabool St, Geelong Vic, 3220:  
Email [admin@barwonsportsacademy.org.au](mailto:admin@barwonsportsacademy.org.au)  
Ph: 5224 9110, fax: 5224 9100

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



## **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**

1. Must be a member of a district club affiliated with the GDGA.
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:** \_\_\_\_/\_\_\_\_/2015



**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:

- 
- 
- 
- 
- 
- 
-