

ERINDALE COLLEGE TALENTED SPORTS PROGRAM

Expression of Interest

McBryde Crescent
WANNIASSA ACT 2903

PO Box 332
ERINDALE CENTRE ACT 2903
T (02) 614 22977

E info@erindalec.act.edu.au

Internet://www.erindalec.act.edu.au

This program is designed to cater for students who have a proven commitment in both academic and sporting studies. *You must also apply online for acceptance into Erindale College.*

A COPY OF YOUR MOST RECENT TERM 1 INTERIM REPORT MUST ACCOMPANY THIS APPLICATION

Applying for	11 <input type="checkbox"/>	12 <input type="checkbox"/>	20__ __	Age		Height		Weight	
Student First Name				Student Surname					
Current School				Date of Birth					
Current Sport				Position					

STUDENT CONTACT DETAILS

Student Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Student Email address	<input type="text"/>									

ADDRESS AND MAILING DETAILS

Address	<input type="text"/>									
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>					
Mailing Address if different to above	<input type="text"/>									

PARENT/GUARDIAN DETAILS

I would prefer to be contacted by	<input type="text"/>									
Home Phone <input type="checkbox"/>	Mobile <input type="checkbox"/>	Email <input type="checkbox"/>	Home Telephone number	<input type="text"/>						
Name	<input type="text"/>	Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>									
Name	<input type="text"/>	Mobile Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>									

CLUB ASSOCIATION*Give details of your recent Clubs and/or Associations and include a name and contact number*

Year	Club and/or Association	Contact Name	Contact Number

REPRESENTATIVE DETAILS*Include representative level and competition details (eg. ACT U16 National Championships)*

Year	Representative Level	Coach's Name	Contact Number

COMPETITION GOALS

List the major competitions you expect to attend during the next 12 months

Competition Name

List your major competition goals for the next two years

Competition Name

CORE SUBJECT ACHIEVEMENT

Give details of your most recent High School Semester 1 Achievement in English, Mathematics and Science

Year	Subject	Level	Grade
10	ENGLISH		
10	MATHEMATICS		

Please include details of your career goals/academic pathway

ASSOCIATION/CLUB/PHYSICAL EDUCATION TEACHER SUPPORTING STATEMENT

Association/Club/
School Name

Position Held

Person commenting

Name of Student

Comment in Support of the Students application for enrolment in the Erindale Sports Academy

Detailed writing area with 20 horizontal dashed lines.

Signature

Date

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STUDENT COMMENT

Student's comment on why they would like to be considered suitable for the Erindale Sports Academy

Lined area for student comment with horizontal dashed lines.

Student Signature

Signature box for student

Date

Date box with three columns

Parent/Guardian Signature(s)

Signature box for parent/guardian

Signature box for parent/guardian

Submit completed applications by email to info@erindalec.act.edu.au with Talented Sports Program in the subject line, post to PO Box 332 Erindale Centre ACT 2903 or in person to the Front Office of Erindale College (Monday to Friday between 8.30am to 4.00pm).

OFFICE USE ONLY

Email/Letter sent

Date sent

Date box with three columns

Link/ESA Class Entered/Changed on MAZE

Entered on ESA Spreadsheet

ESA/Link entered on Front Screen MAZE

New ID card requested (current students only)