

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									
Student Email address									

ADDRESS AND MAILING DETAILS

Address									
Suburb		State		Postcode					
Mailing Address if different to above									

PARENT/GUARDIAN DETAILS

I would prefer to be contacted by										
Home Phone <input type="checkbox"/>	Mobile <input type="checkbox"/>	Email <input type="checkbox"/>	Home Telephone number							
Name	1		Mobile Number	1						
Email Address	1									
Name	2		Mobile Number	2						
Email Address	2									

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 and Mathematics

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

Signature

Date

STUDENT COMMENT

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

Student Signature

Date _____

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Parent/Guardian Signature(s)

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 3.30pm).

OFFICE USE ONLY

Email/Letter sent

☐

Date sent

Link/ESA Class Entered/Changed on MAZE

☐

Entered on ESA Spreadsheet

5

ESA/Link entered on Front Screen MAZE

☐

New ID card requested (current students only)

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