NOTRE DAME ELITE ATHLETE PROGRAM APPLICATION FORM

☐ **New Applicant**

☐ **Renewal Applicant**

Personal Information

First Name: _____ Surname: _____

Male/Female: _____ Date of Birth: ___/___/___ Student Number: _____

Address: _____

_____ _____

Contact Number: _____ Notre Dame Email:_____

Notre Dame Study Details

☐ Full Time ☐ Part Time

School (faculty): _____ Year of study(1st, 2nd etc.): _____

Program Title: _____

Program Coordinator/Contact: _____

Student Sport Details

Sport: _____ Club/Team: _____

Location: _____ Current Level: _____

Sport Scholarship or Contract Held

Australian Institute of Sport		Other State Institute/Academy of Sport	
Club		None	
Other (please list any sponsorships you may have):			

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Notable Achievements:		
Competition Level	**Year/s**	**Event/Division i.e. age/open**
National Championships		
National League		
World Championships		
Commonwealth Games		
Olympic Games		
Paralympics Games		
Other Australian/National Teams		

Sport Reference (e.g. a coach, trainer, advisor that can support your application)

Name: _____ Position: _____

Contact Number:_____ Email: _____

Local Proxy Contact Details (Optional) (i.e. someone who we can contact to discuss personal University/Sporting issues in your absence).

Name: _____

Telephone: _____ Relationship: _____

Competitions or camps in the next 12 months

Dates	**Competitions/Camps**

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Supporting Documentation

- A letter from the national or state officiating body of your sport, confirming your proof of selection and participation at an 'elite' level is required to complete your application.

I confirm that the information provided in this application is true and correct.
I give the University permission to contact my referees and any of the institutions, organisations or teams I have referred to in this form to confirm the accuracy of the information provided if required.
I give the University permission to provide my personal information to the Australian Sports Commission in order to assess my eligibility for recognition as an elite athlete.
If I have provided the details of a Local Proxy I give the University permission to discuss with this person any matters concerning this application, my participation in the EAP or my enrolment at the University.

In the event that my application is successful, the consent provided in this form will continue to apply for as long as I remain an elite athlete for the purposes of the EAP and am enrolled at Notre Dame, or until I withdraw my consent in writing.

I have read and accept the above guidelines. Signature:_____	Date: ____/____/_____

PRIVACY STATEMENT

Any personal information provided to the University by individuals will only be used for the purpose for which it is provided, or in accordance with the individual's specific consent. The University will not disclose personal information to a third party unless required to or permitted by law or where an individual has consented to the disclosure. Information relating to how the University collects, uses or discloses personal information and how a complaint may be made about the University's handling of your personal information is contained in the University's Privacy Policy (www.nd.edu.au/privacy).

Individuals have a right to access their personal information that the University holds about them and to seek its correction. If you wish to access your personal information or inquire about the handling of your personal information, please contact the Campus Registrar at sydney.registrar@nd.edu.au.

For assistance, please contact: sydney.eap@nd.edu.au