

# SPORTING PATHWAY PROGRAM APPLICATION FORM

*Must be accompanied by the following referral forms and returned to school office by 10th June 2016:*

- Student referral form**
- Current Year Level teacher referral form**
- Sporting Coach referral form**

Based on application numbers we may be required to interview for a place in the program.

## **Student's Details**

Surname: \_\_\_\_\_  
First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Gender: (please circle) M/F                      Age: (now) \_\_\_\_\_                      Date of Birth: \_\_\_\_\_

## **Parent/Guardian Names**

Mother/Guardian: \_\_\_\_\_  
Father/Guardian: \_\_\_\_\_

## **Primary Family Home Address**

Street Number and Name: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
Contact Phone Number: H \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_  
Email Contact: \_\_\_\_\_

Sport of Interest: (please circle – can circle two if interested in both)  
Soccer              Golf              Basketball              Netball              Australian Rules Football  
Tennis              Hockey              Cricket

**Note: sports will only be offered if there is enough student interest**

Cost of the program will depend on the sport of interest and student numbers per sport. The base payment per sport will range between \$800-900 per year. Sports such as Golf and Tennis may have additional coaching fees due to the amount of students involved in the sports specific training sessions. Other Sporting Academies across the state cost significantly more than this base payment. See below for what each student receives for this payment. Payment can be made in two instalments – one at the beginning of the year and one at the beginning of Term Three.

What a student receives for their Sporting Pathway annual payment:

- 35 week program
- Approx. 70 specialised coaching sessions in their chosen sport conducted by qualified coaches with accreditation and working with children's checks. Warrnambool College staff will also be present at all training sessions.
- Two periods of strength and conditioning session – programs will be guided and facilitated by Federation University (Ballarat) and implemented by qualified strength and conditioning coaches in the High Performance Centre.
- Approx. 35 advanced physical education sessions conducted and supervised by qualified, external instructors and Warrnambool College staff.
- Two trips to Federation University to conduct pre and post testing under the supervision of qualified Exercise and Health Science lecturers.
- Set uniform including training top, polo and shorts; some sports may require students to purchase additional uniform products. This uniform can be worn as school uniform.

**PLEASE NOTE:** This is the proposed program; it is dependent on student/family interest.

Please return to school office by 10th June 2016

## Sporting Coach Referral Form

*Full Name of Student:*

*Name of Coach:*

*Position Held:*

*Contact no.:*

*Present Club/Training Venue:*

*Student's position in your team (if applicable):*

*Student's sporting strengths:*

*Student's sporting weaknesses:*

*Student's training commitment and coachability:*

*Attitude / Sportsmanship:*

**Sporting Coach's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**This form should be completed and returned by 10 June 2016 to:**

**Adam Matheson, Warrnambool College, Grafton Road, Warrnambool 3280**

# Sporting Pathway Program

 Please return to school office by 10th June 2016

## Student Referral Form

Full Name \_\_\_\_\_

### ***Sporting goals***

Briefly describe your future goals in your sport. Please include goals for 2017 plus longer term goals.

---

---

---

---

---

### ***Academic goals***

Briefly describe your learning goals, including subjects for improvement and future academic studies.

---

---

---

---

---

### ***Achievements***

List the achievements that make you feel most proud. These may be positions of responsibility you have held or awards you have earned, etc.

---

---

---

---

---

### ***Parent and Student signatures***

Please ensure all details are correct to the best of your knowledge and sign in the space below

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Please return to school office by 10th June 2016

## **CONFIDENTIAL Teacher Referral Form**

(To be completed by the student's current year level teacher)

Full Name of Student: \_\_\_\_\_

Current School: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Grade(s) that I taught this student: \_\_\_\_\_

Contact phone number at this school: \_\_\_\_\_

How long have you known this child? \_\_\_\_\_

Please indicate the degree to which you believe the student demonstrates the following behaviours: \_\_\_\_\_

Behaviours	Very High	High	Medium	Low	Very Low
Demonstrates persistence toward learning in the classroom					
Supports peers with their learning					
Demonstrates mutual respect towards others teacher and peers in the classroom					
Demonstrates mutual respect toward teachers and students in the yard (during recess and lunch)					
Actively works on weaknesses in their learning					
Welcomes feedback as an opportunity to learn					
Demonstrates resilience when confronted with challenging learning in the classroom					
Is a leader and accepts responsibility					
Applies learning to real world situations					
Willingly extends their own learning					
Is friendly, has the ability to mix well with peers and displays sensitivity to the feelings of others					
Is a leader and accepts responsibility					
Selects a range of ways to communicate with their teachers and peers					

Please list additional information that highlights the student's effort and attitude toward learning (in and out of the classroom), which may be relevant in determining this child's suitability for the sporting pathway program.

*Please note that in order to remain in the program, students must be able to consistently demonstrate a high level of effort and positive attitude toward their learning across all subjects.*

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

Teacher's Signature: ..... Date: .....

This form should be completed and returned by **10 June 2016** to:

Adam Matheson  
Warrnambool College  
Grafton Road  
Warrnambool 3280