

LINCOLNSHIRE SPORTS PARTNERSHIP

ATHLETICS SCHOLARSHIP APPLICATION FORM

Personal Information:

Name:

Address:

.....

Postcode: District:

Date of Birth: Tel Number:

Mobile: Email Address:

Which of the following best describes your ethnicity? (Information on ethnicity is for monitoring purposes only).

- | | | | | | | | |
|-------------|--------------------------|---------|--------------------------|----------------------|--------------------------|-------------|--------------------------|
| White | <input type="checkbox"/> | Mixed | <input type="checkbox"/> | Asian | <input type="checkbox"/> | African | <input type="checkbox"/> |
| Caribbean | <input type="checkbox"/> | Indian | <input type="checkbox"/> | Pakistani | <input type="checkbox"/> | Bangladeshi | <input type="checkbox"/> |
| Black other | <input type="checkbox"/> | Chinese | <input type="checkbox"/> | Other (please state) | | | |

Do you consider yourself to have a disability? Yes No

Course Details:

Level and Phase (where appropriate):

Venue: Date/s:

If level 2, 3 or 4, please state which event module you wish to do:

Total Course Cost: Cheque for 50% enclosed (please tick)?

Personal details of a referee that can vouch for your involvement in sport:

Name: Position/Role:

Address:

.....

Tel Number: Email:

Please give details of how you will use this qualification once you have passed the course and where you will use your skills:

.....

Current Qualifications & Experience:

Are you currently coaching for a club (please circle): Yes No

If so please state which club:

Please detail any other athletics coaching you do and for which organisation:

.....

From receiving your scholarship, you will be expected to assist with athletics development work which goes on within the County – either paid or voluntary. Would you be interested in this kind of work (please circle): Yes No

If yes, please state when you could be available to help organisations and clubs with their work (please tick):

	Day	Evening
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	<input type="checkbox"/>

How far would you be willing to travel (please circle)? 15miles 30miles 40miles +

Personal Development:

Please tick any course or area in which you would like to be trained in:

Level 1	<input type="checkbox"/>	Children in Athletics	<input type="checkbox"/>
Level 2 core	<input type="checkbox"/>	Strength and Conditioning	<input type="checkbox"/>
Level 2 Event module	<input type="checkbox"/>	Fitness in Running and Walking	<input type="checkbox"/>
Level 3 Phase 1	<input type="checkbox"/>	Coaching Women & Girls	<input type="checkbox"/>
Level 3 Phase 2	<input type="checkbox"/>	Mentoring	<input type="checkbox"/>
Level 3 Event modules	<input type="checkbox"/>	First Aid	<input type="checkbox"/>
Level 4 Phase 1	<input type="checkbox"/>	Child Protection and Good Practice	<input type="checkbox"/>
Level 4 Phase 2	<input type="checkbox"/>	Risk Assessment	<input type="checkbox"/>
Level 4 Technical Events	<input type="checkbox"/>	Club for All	<input type="checkbox"/>
Coaching Disabled Athletes	<input type="checkbox"/>	Equity in your Coaching	<input type="checkbox"/>

Please note that scholarships cannot be awarded retrospectively and must be received two weeks in advance of the course.

Signed: Date:

OFFICE USE ONLY:

Action to be taken in respect of the application:

Acknowledgement:	<input type="checkbox"/>	Filed:	<input type="checkbox"/>	Scholarship Awarded:	<input type="checkbox"/>
Signed:		Date:			