

# Borders Athlete Support Programme Application Form

## Your Contact Details

First Name

Surname

Address

DOB

Postcode

Tel No. Home

Tel No. Work

Mobile

Email

School / College (if applicable)

## Name & contact details of parent or guardian (if under 18)

First Name

Surname

Address

Postcode

Tel No. Home

Tel No. Work

Mobile

Email



## Sport Details

Sport (for which application is made)

Specialist Event/Discipline/Position

Club

Coach's First Name

Coach's Surname

Address

Postcode

Tel No. Home

Tel No. Work

Mobile

Email

## Performance Details

### 1. Performance Plan - previous 12 months

Please provide specific details below (including dates, event, position and performance as appropriate) of your best achievements over the last 12 months. You should include preferably no less than 2 achievements, no more than 3, for each of the sections below on Competition, Training and Squad/Team Selections.

COMPETITION

(results, season's best, new PBs, medals etc)

Comments

**TRAINING**

(eg specific strength performances, training times, or other specific measures)

**Comments**

**SELECTIONS**

(eg squads, teams, training camps)

**Comments**

**ANY EARLIER MAJOR ACHIEVEMENTS OR OTHER COMMENTS** (eg injury/rehab periods or other influences such as age-group or equipment changes)

Please comment below on how the above achievements compared to your plans/expectations for that period

## 2. Performance Plan - next 12 months

Please provide specific details below (including dates, event, position and performance as appropriate) of your planned key targets in order to progress over the next 12 months. You are encouraged to distinguish between what are minimum expectations and what are high-end hopes. You should include preferably no less than 2 targets, no more than 3, for each of the sections below on Competition, Training and Squad/Team Selections.

### COMPETITION (placings, PBs, medals etc)

[Empty text area for Competition details]

### Comments

[Empty text area for Competition comments]

### TRAINING (eg specific strength targets, training times, or other specific measures)

[Empty text area for Training details]

### Comments

[Empty text area for Training comments]

### SELECTIONS (eg squads, teams, training camps)

[Empty text area for Selections details]

### Comments

[Empty text area for Selections comments]

### ANY OTHER COMMENTS (eg injury/rehab periods or other influences such as age-group or equipment changes)

[Empty text area for Any Other Comments]

### 3. Longer Term Aspirations

Please give a brief indication of your aspirations in competition beyond the 12 month period covered in section 2 above.

By \_\_\_\_\_ (ie in 1 to 2 years' time) my aim is

By \_\_\_\_\_ (ie in 2 to 3 years' time) my aim is

In the long term (ie beyond 3 years' time) my aim is

### Support Services

Which of the following support services would be most beneficial to your improvement as an athlete?

Nutrition advice

Career, education & lifestyle advice

Other services (please detail)

Better access to training facilities

Fast track access to doctor/physio

Strength & conditioning programme

Sports psychology

### Current Training Programme

When and where do you usually train? (please tick)

Monday at (venue)

Tuesday at (venue)

Wednesday at (venue)

Thursday at (venue)

Friday at (venue)

Saturday at (venue)

Sunday at (venue)

Do you currently work to a written projected training/performance plan? YES/NO

If yes, it would be helpful if you would submit a copy of your current plan along with this form. If you do provide a copy, it will be used only for reference purposes in relation to your involvement with the ASP.

## Current Support

Please give details of any funding, or support services currently being received (eg from your Local Sports Council, your Sports Governing Body, or any other organisation)

## Additional Information

Athlete's Signature..... Date.....

Coach's Signature..... Date.....

(If submitting this application electronically, insert name in the signature box)

## National Governing Body Endorsement

**NB This section should be completed by the NGB's National Coach, Performance Director or equivalent at national level.**

NGB	
ENDORSED BY (NAME)	
POSITION	
E-MAIL	
TEL No	

**I confirm that to the best of my knowledge the details provided by the athlete in this Application Form are accurate.**

**He/she is currently ranked as follows for his/her event/discipline. (Where one exists, please provide the formal statistical ranking, failing which an objective based opinion.)**

	AGE-GROUP (under )	SENIOR
SCOTTISH BORDERS		
AREA/REGION (per your sport)		
SCOTLAND		

**And if relevant**

UK		
OTHER (specify		

Comments

Please comment briefly on the information provided by the athlete and coach on the following:

PERFORMANCE DETAILS - previous 12 months

**PERFORMANCE PLAN - next 12 months**

**LONGER TERM ASPIRATIONS**

What is the likelihood of this athlete making East Institute level within the next 3 years? (mark with X as appropriate)

Already attained	Very likely	Probably	Possibly	Outside Chance	Unlikely	Definitely not

Please comment briefly and as appropriate on the progress the athlete requires to make on a year to year basis to achieve East Institute level.

What is the likelihood of this athlete competing in senior level competition for Scotland or Great Britain within the next 5 to 6 years? (mark with X as appropriate)

**SCOTLAND**

Already attained	Very likely	Probably	Possibly	Outside Chance	Unlikely	Definitely not

**GREAT BRITAIN**

Already attained	Very likely	Probably	Possibly	Outside Chance	Unlikely	Definitely not

Please comment briefly and as appropriate on the progress the athlete requires to make on a year to year basis to achieve such senior representative level.

# WINNING SCOTLAND FOUNDATION

**Our Scottish Borders**  
Your challenge



Please send this application to:

Sports Development Unit  
3 St John Street  
Galashiels  
TD1 3JX