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|  | **Local Improvement Scheme: Talented Athletes Application Form 2019-20** |  |

**Closing date: Monday 14th October 2019 at 5pm**

**Eligibility Criteria**

* 1. Athletes must be residents of Nottinghamshire (*athletes living in Nottingham City are not eligible to apply*).
	2. The athlete must compete in a sport or discipline that is recognised by Sport England and governed by a National Governing Body (NGB) that is also recognised by Sport England, or a National Disability Sports Organisation (NDSO).
	3. The athlete must obtain an endorsement from their NGB or NDSO, which must be signed by an authorised representative and should include a contact email address and phone number in case of query.
	4. Athletes must have competed nationally or internationally within the last 12 monthsand/or be **nationally** ranked within the **top 5** in their age group.
	5. If the talented athlete is under 16 years old, a responsible adult must complete the application on their behalf.
	6. Athletes with disabilities up to the age of 25 years will be considered for funding.
	7. Applications received from individuals over the age of 18 will only be considered if they are competing in the sports elite talent pathway (Veteran, Masters or adult age group standings will not be taken into consideration).

**Section A: Application Details**

|  |  |
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| **Name of Athlete:** |  |
| **Address:** |  |
| **Postcode:** |  |
| **Age at time of application:** |  |
| **If you are over the age of 18 years, are you competing in a Sports Elite Talent Pathway?** |  |
| **If the athlete is under 16 years old, name of legally responsible adult:** |  |
| **Relationship to the athlete:** |  |
| **Athlete (or responsible adult) e-mail address:** |  |
| **Telephone number (daytime):** |  |
| **Telephone number (evening):** |  |
| **Sport / discipline:** |  |
| **Name of Athlete’s sports club:** |  |

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| **How much funding are you requesting?** *(maximum allowed is £400)* | £ |
| **How will the Athlete use the requested funding?** *(please tick all that apply)* |
| [ ]  Coaching Fees | [ ]  Competition Fees | [ ]  Equipment Costs | [ ]  Medical Related Fees |
| [ ]  Training Fees | [ ]  Travel Fees | [ ]  Other (please state):  |

**Section B: Sporting Information**

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| 1. **Applicants must have competed nationally or internationally within the last 12 months and/or be nationally ranked within the top 5 in their age group.**

Please list any teams or governing body representative squads the Athlete has competed for in the **last 12 months** and their current individual rank or team appearances in this sport / discipline.*Please note: for* ***Team Sports****, in the ‘Ranking / team appearances’ column, use the following code as appropriate:**O = Occasional competing member at this level**R = Regular competing member at this level* |
| **Competition Level** | **Name of Squad / Team** | **Ranking / team appearances** |
| **International** |  |  |
| **National** |  |  |
|  |
| 1. Please list the Athlete’s top 3 performance **improvements** made during the **last** **12 months** (for example, improving 10 ranking places).
 |
| **Improvement 1:** |  |
| **Improvement 2:** |  |
| **Improvement 3:** |  |
|  |
| 1. Please list the Athlete’s top 3 performance **achievements or accolades** in the last **12 months** (for example, this could be winning a European medal, breaking a County record or being the reigning U13 National Champion).
 |
| **Achievement 1:** |  |
| **Achievement 2:** |  |
| **Achievement 3:** |  |
|  |
| 1. Please list the Athlete’s top 3 **performance goals** for the **next 12 months** (for example, to win a European medal or to improve my 5k time by 10 seconds).
 |
| **Goal 1:** |  |
| **Goal 2:** |  |
| **Goal 3:** |  |

**Section C: The Athlete**

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| How have you contributed to your sport and/or community? *Please tick all that apply.* |
| [ ]  Fundraising for my sports club | [ ]  Fundraising for the local community |
| [ ]  Volunteer coach at my sports club | [ ]  Volunteer within my local community |
| [ ]  Other *(please specify below)* |  |
| Please tell us more about your contributions to your sport and/or community.*e.g. where do you volunteer? How often do you volunteer? How much money did you raise?* |
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**Section D: Declaration**

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| **I (or the Athlete's parent / guardian if aged under 16), confirm that:** |
| [ ]   | All the information provided in this application is true and accurate and that I will inform Nottinghamshire County Council of any subsequent changes. |
| [ ]   | I have read and accept the Nottinghamshire County Council’s Privacy Statement which explains how we use information about you and how we protect your privacy. This is available on the NCC website: <http://www.nottinghamshire.gov.uk/global-content/privacy> |
|  |
| **How did you hear about the Talented Athletes Fund?** |
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**Next Steps**

**Please ensure that you have answered all the questions in full. If your application is incomplete or does not contain the required information in the requested format, this will be reflected in the outcome of the assessment.**

When you are happy that you have completed the application correctly, please ensure that you:

* Save the finished version.
* E-mail the completed form to the Communities Team at LIS@nottscc.gov.uk. In the subject title, please type:‘*Talented Athletes Application – Athlete Name*’.
* E-mail the completed form to your contact at the **National Governing Body or National Disability Sports Organisation** for your sport / discipline and ask them to complete the final page of this application.

If you encounter any difficulties with completing your application or if you have any questions, please contact the Communities Team at LIS@nottscc.gov.uk or on 0115 977 2041.

*Thank you for your interest in the Nottinghamshire County Council*

*Local Improvement Scheme Talented Athletes Fund.*

**Section for the National Governing Body**

**or a National Disability Sports Organisation representative**

As explained in the Local Improvement Scheme Talented Athletes Guidelines, athletes need an endorsement from the National Governing Body (NGB) or a National Disability Sports Organisation (NDSO) for their chosen sport / discipline to support their application to the Local Improvement Scheme.

**NGB or NDSO contact:** Please fill in this table and send the completed form to LIS@nottscc.gov.uk

|  |  |
| --- | --- |
| **Name of NGB / NDSO:** |  |
| **Name of NGB / NDSO contact:** |  |
| **NGB / NDSO contact’s e-mail address:** |  |
| **Do you confirm that the information provided in response to Section B Question 1 is true and accurate?** | [ ]  Yes | [ ]  No |

**After you have completed the table above, please forward this form to**

**the Communities Team at:** **LIS@nottscc.gov.uk****.**

**Thank you for supporting the Talented Athlete named in this application.**