Volleyball Excellence Program Application Form

Student details

Student Name_____

Parent/Carer Name_____

Parent/Carer Mobile_____

Current School/KG Roll Class_____

Current year level_____

Personal attributes

Why do you wish to enrol in the Kelvin Grove State College Volleyball Excellence Program?

What do you hope to gain from participating in the Program?

What are you other interests/hobbies outside of sport?

What are your ambitions after completing Year 12?

How would you describe your attitude towards teamwork, feedback and learning?

Volleyball & Sporting Experience

Current club/sporting groups:

Age:

Playing position:

Representative & Development Experience

Please provide details of any representative teams, academies, development squads or school teams you have participated in. Applicants may also include links to video evidence in any of the sections below.

Sport Achievements (other than Volleyball)

Please list any significant sporting achievements, awards, selections or representative honours you have received.

Behaviour & character

Please provide the details of two referees who can comment on your sporting ability, attitude, commitment and behaviour. At least one referee should be a current or recent coach, where applicable.

Parent/Carer Declaration

I/We declare that the information provided in this application is true and accurate to the best of my/our knowledge.

I/We understand that submission of this application does not guarantee a place in the Kelvin Grove State College Volleyball Excellence Program and that selection is based on the College's assessment and selection process.

I/We give permission for Kelvin Grove State College to contact the referees nominated in this application to discuss the student's ability, attitude, commitment, behaviour and suitability for the Program.

I/We understand that participation in the Volleyball Excellence Program requires students to meet the College's expectations regarding behaviour, effort, attendance, commitment and participation.

Parent/Carer Name: _____

Signature: _____

Date: ____ / ____ / _____

Thank you for your application.