



QUEENSLAND
GOLF SCHOOL
 OF EXCELLENCE
 KELVIN GROVE STATE COLLEGE - QUEENSLAND GOLF UNION



Application Form

Personal Details

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian Name: _____

Phone: _____ Mobile: _____

School Details

Present School: _____ Intended Year Level 2020: _____

Personal Qualities

What personal qualities and attributes do you possess which would make you an asset to the Queensland Golf School of Excellence?

If selected what are you hoping to gain from being in the Queensland Golf School of Excellence?

What are your other interests/hobbies besides Golf?

At this time, what are your goals with regard to golf/sport after completing school and the excellence program?

Golf Background

Current Club:

Please give details of previous clubs:

Year	Club	Age	Division

Please give details of any recent coaching clinics or camps attended:

Please include other information you consider may be relevant to your application:

Behaviour Record

Please provide a list of referees with address and phone details who we may contact to verify a proven record of behaviour.

Referee Name	Address	Phone	Email

Please complete and sign Certification before application

Certification

I certify that the information contained in and accompanying this application is correct and complete. I understand that the provision on misleading information may lead to the cancellation of my application.

Signed: _____ (Applicant)

Witnessed: _____ (Parent/Guardian) Date: _____