

# Application Form for

# WIS Racquet Sports Leadership Programme

## Section 1: Personal Information

Please complete the following information to apply as a participant on this programme.

\*Required field

Applicant’s Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sport\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County of Residence\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (if under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Phone Number (if Under 18): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Badminton Club Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Table Tennis Club Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tennis Club Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Squash Club Name\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coaching Experience Level (in years)\*:­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Section 2: Personal Statement\*

Please use the space below to complete a personal statement indicating why you wish to become a participant on the Racket Sports Leadership Programme. Please indicate what you hope to achieve from participating in the programme and how it will help build your skills, knowledge and benefit you personally. Please also indicate how participating may benefit your local club.



Badminton Ireland, Table Tennis Ireland, Tennis Ireland and Irish Squash all take the protection of data obtained by potential participants on this programme seriously. We will do everything possible to ensure that the data collected is stored, processed, maintained, cleansed, and retained in accordance with current data protection legislation.

Please send application to wisrackets@gmail.com no later than the **24th September at 5:00pm.**

Should you have any questions regarding this programme, please do not hesitate to contact wisrackets@gmail.com

**All applicants must sign below:**

Applicant Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (BLOCK CAPITALS) (SIGNATURE)

Parent/Guardian Signature (if Under 18):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (BLOCK CAPITALS) (SIGNATURE)