

**ANU Sport and Recreation Association Inc.**

The Australian National University  
19 North Road  
Acton ACT 2601  
T: 02 6125 2273  
F: 02 6247 2572

[sport@anu-sport.com.au](mailto:sport@anu-sport.com.au)  
[www.anu-sport.com.au](http://www.anu-sport.com.au)

### Individual Athlete Development Program **NOMINATION FORM**

**INSTRUCTIONS FOR NOMINATING**

- Nominee to complete all sections 1-6.
- Nominee to attach as required: Sporting achievements (max. 400 words), and sporting aspirations (max.400 words).
- Nominee to attach a written referee report from current sports coach (max. 400 words).
- Nominee will be notified within 14 days of receipt of the application by ANU sport via the email address provided.
- Incomplete nominations will not be accepted.

**LOGGING COMPLETED NOMINATION FORMS****By post:**

ANU Sport.  
19 North Road  
Acton, ACT, 2601

**Scan and send by Email to:**

[billy.mason@anu-sport.com.au](mailto:billy.mason@anu-sport.com.au)

**In person:**

ANU Sport  
19 North Road  
Acton, ACT, 2601

**1. PERSONAL DETAILS**

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_  
D.O.B: \_\_\_\_\_ M F Email: \_\_\_\_\_

**2. AFFILIATE INFORMATION**

Are you an:

ANU Student: Yes No Course: \_\_\_\_\_ Year of Study: \_\_\_\_\_  
ANU Club Member: Yes No Club: \_\_\_\_\_  
ANU Staff Member: Yes No Position: \_\_\_\_\_  
Other: (Please specify) \_\_\_\_\_

**3. SPORTING STATUS**

Sport: \_\_\_\_\_ Current Sports Club/Organisation: \_\_\_\_\_  
Competition Level: Club/Local: State: National: Other:  
If Other, please specify \_\_\_\_\_  
Current Ranking: (if known) \_\_\_\_\_

**4. SPORTING ACHEIVEMENTS AND ASPIRATIONS**

- Please include an outline of your most recent sporting achievements including dates of competitions, times and places/rankings (max. 400 words).
- Please include an outline of your sporting aspirations, and how you plan to achieve these aspirations (max. 400 words).



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**5. SPORTS COACH REFERENCE**

- Please submit with your nomination form a written referee report from your current sports coach (limit 1 page).

Coach Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**ADDITIONAL COMMENTS**

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**TERMS AND CONDITIONS**

1. Nominees must be an ANU Student or ANU Sport member with a club outside of those with a Club Development Program.
2. Nominated members must guarantee a commitment to further development in their respective sport and have aspirations for higher honours (i.e. representative, state, national level selection)
3. Nominees may be approved or denied at the absolute discretion of the ANU Sport Athlete Development Advisory Committee.
4. All members successful in attaining an Individual Athlete Development Membership are bound by the terms and conditions of use outlined in the 'Fitness Centre Membership Form'.
5. Individual Athlete Development Memberships are for 12 months from the day of joining.
6. Removal from the program, whether at the discretion of the member or the ANU Sport Athlete Development Advisory Committee, does not warrant a refund.
7. Those on Individual Athlete Development Memberships are required to provide completed gym programs to their ANU Sport strength and conditioning coach on a 4 week basis unless otherwise agreed upon.
8. Those on Individual Athlete Development Memberships must complete at least 50% of their training at ANU Sport in Level 3 under the supervision of an ANU Sport strength and conditioning coach, unless otherwise agreed upon.
9. Individual Athlete Development Memberships are not transferrable.

**6. DECLARATION**

I declare that I have read and agree to the terms and conditions, and that to the best of my knowledge the information supplied by me is true, correct and complete in every aspect. I acknowledge that the submission of false, fraudulent, incorrect, incomplete or misleading information may result in withdrawal from the Athlete Development Program or delays in processing my nomination.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Approved Reason: \_\_\_\_\_

Denied \_\_\_\_\_

Processed by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_