**THE INJURY CLINIC 2024 ATHLETE DEVELOPMENT PROGRAM: APPLICATION FORM**

**PERSONAL INFORMATION:**

First Name:

Last Name:

D.O.B: / /

PH:

Email:

Residential Address:

Are you a current client at the clinic?: Yes / No

How did you hear about our sponsorship program?

**IF APPLICANT IS < 18 YEARS OF AGE:**

Parent/Guardian Name:

PH:

Email:

**SPORT INVOLVEMENT:**

Your Chosen Sport:

Current Level of Competition:

Team/Club Involvement:

**COACH DETAILS:**

Name:

PH:

Email:

**ABOUT YOU & YOUR SPORT**

What are your greatest sporting achievements over the last 2 years?

What are your short term sporting goals (6 months)?

What are your long term sporting goals (12 - 24 months)?

Why do you think you deserve to be part of the Athlete Development Program?

Please explain how you believe support from The Injury Clinic would help you?

Please explain how you as an athlete could support The Injury Clinic?

Do you have any current injuries, or have you sustained injuries in the past (please specify injury and year)?

Any additional information in support of your application:

**ADDITIONAL INFORMATION & SUBMISSION PROCESS**

1. Please ensure your application is submitted along with the form below, to be completed in consultation with your coach, team manager, support staff etc.
2. To apply, please submit your application, **in person**, to our clinic reception staff before **5pm on Friday October 27th.**
3. Please note interviews for shortlisted candidates will be held on **Wednesday November 22nd.**
4. All enquiries regarding the Athlete Development Program Application process are to be sent to info@theinjuryclinic.com.au
5. Our development program will be targeting candidates 14-25 years old, however we encourage athletes outside this age bracket to apply as they will still be taken into consideration.

**INFORMATION FROM COACH & ATHLETE**

To ensure that The Injury Clinic can provide assistance that is valued and appropriate to each individual athlete as part of our ‘Athlete Development Program’, we are asking that athletes have their coach complete the following form in consultation with each athlete. Thank you.

**COACH DETAILS:**

First Name:

Last Name:

PH:

Email:

Best Contact: Phone Email (Please Circle)

**Should your athlete be successful in their application to be part of the ‘Athlete Development Program’, would you be willing to attend a session with your athlete to ensure their management is targeted and appropriate?**

Yes No **(Please Circle)**

**Which of the following services do you believe would be appropriate, and of benefit to assist the athlete with achieving their goals? Please provide details where possible.**

Physiotherapy

Details:

Sports Nutrition & Dietetics

Details:

Strength & Conditioning

Details:

Run Analysis

Details:

**“LETTER OF SUPPORT”**

Please provide information regarding the appropriateness of your athlete for the 2021 ‘Athlete Development Program’ & why you believe they would both benefit from, and be a valuable addition to the team.