



ENGLANDGOLF U16 Regional Coaching Squads 2015 - 16

This form is to be completed by the individual golfer as accurately as possible. Please use black ink and BLOCK CAPITALS. **Please note that incomplete applications will not be considered.**

The criteria for a place on an U16 Regional Coaching Squad is as follows: -

- Open to golfers born on or after 1st September 1999;
- Competitive golfing CV and a complete and up-to-date CONGU CDH (Handicap) record;
- Qualification and determination to play for England in future;
- A strong commitment and work ethic to reach your potential in golf;
- Prepared to fully commit to the U16 Regional Squad Programme on weekends and school holidays in 2015/16 (20 coaching and match days in total with further mandatory sessions targeting physical development) in one of ten England Golf Regions.
- As a benchmark only, the previous handicap criteria has been
Boys: 0.0 – 6.0 / Girls: 1.5 / 12.5

Personal Information

First Name: _____ Surname: _____

Date of Birth: _____ Middle Name(s): _____

Home Address: _____ Sex: Male / Female

Telephone Numbers:

Home: _____ Mobile: _____

Email Address: _____

Golfing Information

Home Golf Club: _____ County Union/Association: _____

CDH Number: _____ Current Exact Handicap: _____

Personal Coach Details:

Surname: _____ First Name: _____

Telephone: _____ Golf Club: _____

How often do you see this person: _____

PLAYER UNIFORM

Should you be selected as a squad member you will be supplied with the following items, please indicate your size.

	Ex Small	Small	Medium	Large	X Large	XX Large
Playing Polo Shirt						
Sweater						

Golfing C.V.

Please complete the attached Golfing CV.

Selection Weekends

Successful applicants will be invited to attend a selection weekend at their own expense on one of the following dates: Sat 5th & Sun 6th, Sat 12th & Sun 13th or Sat 19th & Sun 20th Sept 2015, dates are subject to confirmation of local venues.

Signatures and Declarations

Player

I confirm I meet the criteria for a place on the England Golf U16 Regional Coaching Squad for 2015/16, that I have filled in the application form as accurately and completely as possible and that I will make myself available if invited to the selection weekend on the weekend of Sat 5th & Sun 6th, Sat 12th & Sun 13th or Sat 19th & Sun 20th Sept 2015 as and when dates are confirmed.

Signature: _____ Date: _____

Parent/Guardian

I confirm that my son/daughter meets the criterion for a place on the England Golf U16 Regional Coaching Squads for 2015/16, that he/she has filled in the application form as accurately and completely as possible and that he/she will be available if invited to the selection weekend on Sat 5th & Sun 6th, Sat 12th & Sun 13th or Sat 19th & Sun 20th Sept 2015 as and when dates are confirmed.

Signature: _____ Date: _____

Regional Manager, County Manager, Club Secretary or Junior Liaison Officer

I confirm that this boy/girl meets the criteria for a place on the England Golf U16 Regional Coaching Squads for 2015/16. I hereby submit my name and contact details and will be happy to provide a reference as necessary at any stage of the application process if required.

Signature: _____ Telephone: _____

Name: _____ Position: _____

Please return this completed application form and your golfing C.V. to:

Performance Department
England Golf
The National Golf Centre
The Broadway
Woodhall Spa
LN10 6PU

Please direct any questions to: 01526 354500 or performance@englandgolf.org

Your application will not be considered unless all the relevant information is provided.

The closing date for completed applications is:

Friday 21st August 2015

Applications received after this date will not be considered.



ENGLANDGOLF

Parental Consent Form

(For all players under the age of 18 years old in National and Regional Coaching Squads)

Name: Date of Birth:

Address:

..... Post Code:

Email:

Telephone: Mobile:

In caring for the best interests of your child it is important that England Golf know whether he/she suffers from any medical condition or illness, or whether he/she is currently receiving medical treatment of any kind.

Please indicate below any health related matters, including injuries of any kind, details of any allergies, prescribed medicine and dosage or of any special dietary requirements, which you think it is best we know about. Any information given will be treated in the strictest of confidence, however please be aware that this information will be passed on to the Medical Emergency Services should the need arise.

Does your child experience any conditions requiring medical treatment and/or medication?

*Yes No * If yes, please give details (including medication, dose and frequency).

Does your child have any allergies?

*Yes No * If yes, please give details.

Does your child have any specific dietary requirements?

*Yes No * If yes, please give details.

What additional needs, if any, does your child have e.g. need help to administer planned medication, assistance with lifting or access, regular snacks?

My child is in good health and I consent to him/her participating in events and activities organised by England Golf.

I consent to my child receiving essential medical treatment, as necessary, when a qualified medical practitioner prescribes the treatment.

I consent to my child being transported in the event of an emergency.

I agree to England Golf using photographs (taken at squad training sessions or competitive events) of my child for publicity purposes.

NHS Doctor: Telephone:

NHS Number:

Name of Parent or Guardian: (Please print)

Telephone: Mobile:

Emergency Contact Telephone Number(s):

Signature: Date:

In the event of any changes to the information above, please notify the Performance Department immediately on: 01526 354500

Photography Consent

This form is to be signed by the legal guardian of a child under the age of 18, together with the child.

England Golf recognises the need to ensure the welfare and safety of all children in golf. As part of our commitment to ensure their safety we will not permit photographs, video images or other images of your child to be taken or used without your consent.

England Golf will follow the guidance for the use of images of children as detailed within the respective Child Protection Policy and Procedures.

England Golf will take steps to ensure these images are used solely for the purposes for which they are intended i.e. the promotion and celebration of the activities of England Golf.

If you become aware that these images are being used inappropriately you should inform the England Golf Compliance Department immediately on 01526 354500.

The photographs may be available on the website <http://www.EnglandGolf.org>

If at any time either the parent/guardian or the child wishes the data to be removed from the website, 7 days' notice must be given to the England Golf Performance Department, after which the data will be removed.

To be completed by parent/guardian

I _____ (parent/guardian full name) consent to England Golf

photographing or videoing _____ (name of child) under the stated rules and conditions, and I confirm I have legal parental responsibility for this child and am entitled to give this consent.

Signature: Date:

To be completed by child

I _____ (name of child) consent to England Golf photographing or videoing my involvement in golf under the stated conditions.

Signature: Date:

Disability

Name:

The Equality Act 2010 defines a disabled person as 'anyone with a physical or mental impairment, which has a substantial and long term adverse effect on his or her ability to carry out normal day to day activities'.

Do you consider your child to have a disability? *Yes / No

*If yes what is the nature of the disability? (Please specify):

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Does your child have any other needs or requirements that are not covered above, that England Golf may need to know?

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- ***I confirm to the best of my knowledge that my child does not suffer from any medical condition other than those detailed above.***

- **I agree to notify England Golf Performance Department of any changes.**

- **I,, being parent/guardian of the above named child, hereby give permission for the England Golf responsible person to give the immediately necessary authority on my behalf for any medical or surgical treatment recommended by competent medical authorities, where it would be contrary to my child's interest, in the doctor's medical opinion, for any delay to be incurred by seeking my personal consent.**

- **The attached signature will denote that my child has my permission to be on the golf club's premises. (Please tick the box if agreed)**

- **I acknowledge that England Golf is not responsible for providing adult supervision for my child except for formal junior golf coaching, matches or competition.**
(Please tick the box if agreed)

- **I also agree to my child being transported by England Golf representatives to and from venues when he/she is representing England Golf. (Please tick the box if agreed)**

Signed – Parent/Guardian	
Print name	
Date	

Golfing Curriculum Vitae

Name:

Handicap:

Home Club:

Golfing Background:

Golfing Achievements from the last 2 years:

Future Ambitions: