

# Heathmont College Sports Academy 2020

## Expression of Interest Form



HEATHMONT  
COLLEGE

Please complete this Expression of Interest Form for your child to be considered for the Heathmont College Sports Academy 2020 intake. Completed form needs to be returned to the college general office or email [Hopkins.Elise.J@edumail.vic.gov.au](mailto:Hopkins.Elise.J@edumail.vic.gov.au) by Friday 20 September 2019.

(Please note: The Heathmont College Sports Academy is a part of Heathmont College. All members of the Sports Academy must be enrolled at Heathmont College prior to commencing the program).

All applications will be reviewed with applicants notified of outcome on Monday 7 October 2019 via email.

**Student First Name:** \_\_\_\_\_

**Student Middle Name:** \_\_\_\_\_

**Student Surname:** \_\_\_\_\_

**Gender:** Male                  Female                  Rather not Specify

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

**2020 Year level:** Year 7                  Year 8                  Year 9                  Year 10

**Current School Attending:** \_\_\_\_\_

**Student's Sport Preference: Please number preferences 1 – 6 (#1 being most preferred sport)**

AFL

BASKETBALL

VOLLEYBALL

STRIKING SPORTS

NETBALL

GIFTED ATHLETE PROGRAM

***The Gifted Athlete Program focuses on talent identified through a range of sport education and personal development programs which are not currently offered within the Heathmont College Sports Academy***

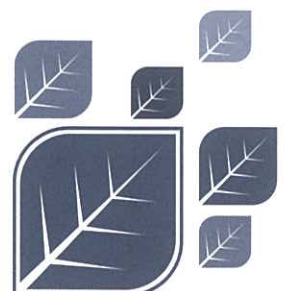
**Gifted Athlete Program Nominated Sport:** \_\_\_\_\_

**Current Sport/s:** \_\_\_\_\_

**Current Sporting Club/s:** \_\_\_\_\_

**League / Competition/s:** \_\_\_\_\_

GROWING THROUGH KNOWLEDGE



Playing Position/s: \_\_\_\_\_

Name of Current Coach: \_\_\_\_\_

Contact Details of Coach: \_\_\_\_\_

Current weekly training commitments with clubs and coaches: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Representation and Achievements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list other interests and involvements (e.g. Community groups, volunteering etc.)

\_\_\_\_\_

\_\_\_\_\_

What are your aspirations and goals in your chosen sport over the next 12 months?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you find out about Heathmont College Sports Academy?

\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

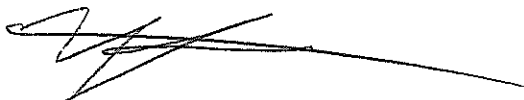
Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Elise Hopkins  
Heathmont College



Lachlan Watson  
Heathmont College

