

SOUTH WEST SYDNEY ACADEMY OF SPORT

2015-2016 SWSAS GOLF SCHOLARSHIP PROGRAM NOMINATION



The South West Sydney Academy of Sport is accepting nominations from athletes interested in being considered for selection into the 2015-2016 Academy Golf program.

The program will consist of up to 12 athletes and the final selection into the program will be based upon:

- Age athletes born between 1999 and 2003 (inclusive) Turning 13-17 in 2016.
- Previous performance Handicap Boys <10, Girls <15.
- An interview may be held following the submission of nomination forms.
- Athletes must reside, attend school or be registered with a golf club within the Academy area. The Academy area includes: Campbelltown, Camden, Liverpool and Wollondilly Council areas.

The Academy will apply a strict criterion to selection process. This selection criterion comprises sport specific requirements developed in collaboration with the relevant State Sporting Organisation.

Athletes submitting a nomination for inclusion in the Academy Golf scholarship program are required to acknowledge that the acceptance for their nomination will be at the sole discretion of the Academy.

Scholarships are not in the form of a monetary sum, but rather enable athletes to participate in the Academy program that includes training workshops, camps and competition opportunities. These workshops include access to high level coaching, analysis of technique, sports science testing, sport psychology, nutrition, and drugs in sport awareness.

Athlete Levy

- A joining levy of \$370-00 GST inclusive will be applicable to all successful athletes.
- A uniform will be provided as part of the overall program.
- All athlete levies must be paid in full within 21 days of selection, or the scholarship offer will be automatically withdrawn; unless agreed Board of Management arrangements have been confirmed.
- The Academy squads will competing in various competitions throughout the program and an additional cost maybe incurred to support some of these tours.

Trials information will be provided at a later date.

Athletes must return completed forms to:

SWSAS Golf Nominations

PO Box 307 Macarthur Square, NSW 2560

Contact: Sarah Shehata

email: sarah @swsas.org.au

Phone: 02 4627 7622 Fax: 02 4627 7633





2015 - 2016 SWSAS GOLF SCHOLARSHIP PROGRAM

Message from SWSAS

Dear prospective squad member,

The South West Sydney Academy of Sport in partnership with the Antill Park Country Golf Club are now accepting nominations for the Academy's 2015/2016 Golf Program. It has been highly recommended that you apply.

The Golf Program is a varied and in-depth program with a holistic teaching approach, giving participants exposure to experts in various golfing fields and associated golfing technology, which are not readily accessible to individuals.

Squad members will receive not only golf instruction but also vital information from industry leaders in sports psychology, golf physiotherapy, strength and conditioning, as well as media training.

Squad members will be required to test their skills under high-pressure environments where they will play in various tournaments throughout the year. An individual's progress will be continually recorded via the use of statistical analysis and regular skills tests protocols.

The program is NOT a replacement for a squad members current coaching, but an extension of what is being received. It is vital that players continue with their current individual coaching at their home club with their Golf Professional. Coach, Gavin Meredith has over 22 years' experience as both a tournament player and teaching golf at high standard facilities and has personally seen how the SWSAS program has benefited his students. It has also helped him as a coach, to target areas for improvement in his student's game that were identified by sessions on Trackman and Sam Puttlab.

We urge all young players, if you have the desire to take your game to the next level, please get your application into the SWSAS head office as soon as possible.

Yours Sincerely, Gerry Knights

Nomination Form 2015 - 2016 Golf Program

Name:																																_
Address:																																_
														_			Po	ost	CO	de:			_									_
Phone:	(Home)											_ (N	(Mobile)																			
School:		D.O.B:/ Age:																														
Athlete's e- mail: (Compulsory)																																
Parent/s e- mail:																																
Current Handica	ap:																															
Home Club:																											_					
Club Address: _	o Address: Postcode:																															
Personal Coach:Coach's phone (Mob preferred):																																
Coach email:																																_
Parent/Guardian Name: Phone (w):																																
Parent/Guardian Name: Phone (w):																																
Recent Competition History:																																
Event			Location									Date					Result & Placing															
				-																												
Goal Setting Please briefly de questions. 1. What do 2. What do	you h	nope	e to	ac	hie	eve	in	the	ne	ext	12	2 m	nor	ths		of	Go	olf I	DУ	an	SW	eri	ng	th	e f	ollo	owi	ng	tw	0		

<u>injuries</u>			
Have you sustained any injury within the last twelve months?	YES	NO	
If yes, please provide details below: (note: This does not affect your nomination for a scholarship)			
Are you fit to participate in all aspects of the SWSAS program for	or 2015-2016?	YES NO	
Athlete Declaration			
To the best of my knowledge all of the details I have provided o contacted if you wish to clarify any of these details.	n this nominatior	ı form are cor	rect. I can be
Signed:	Date:		
Parent/Guardian			
The South West Sydney Academy of Sport is collecting the nominations for it's scholarship program. Certain information You are not obliged to provide the information but if the information unable to process this nomination. Any information provided standard office hours and updated by writing to the Academy or	may be provide mation is not pro I to the Acaden	d to the med ovided the Ac ny can be a	ia (see below). ademy may be
I consent to the nominee's first name, surname, and town b activity. I understand that all other information provided on this process will be stored on a database that will only be access subject to privacy restrictions.	form and gathere	ed throughout	the nomination
I give my child / ward an Academy Golf Scholarship , and if selected, participate in the	ne program.	permission	to nominate for
I understand that the South West Sydney Academy of Sport with hospital service required as a result of any injury occurring responsibility to ensure that I have adequate Private Health Institute of the service of the	g as a membe	r of SWSAS	, and it is my

Nominations close Sunday 18 October 2015

Signed: ______Date: _____

Please return completed nomination form to:

SWSAS Golf Nominations PO Box 307 Macarthur Square, NSW 2560

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email: sarah@swsas.org.au

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