Application for Cycling / Hockey / Soccer
Specialist Sport Program 2016

General Information

All Year 7-12 students are eligible to apply for entry into the 2016 Cycling / Hockey / Soccer Specialist Sport Program at Roma Mitchell Secondary College by completing the application form attached, attending a skills test and an interview.

Ask your teacher or the Principal of your current school to write a letter of recommendation for you, outlining your academic and sporting abilities / achievements. You will be required to bring this letter of recommendation and a copy of your most recent school report with you to the interview.

Students will be selected on the basis of:
- Your most recent school report
- A letter of recommendation from your teacher or Principal
- Achievement in the sport and / or the skills test organised by Roma Mitchell Secondary College
- An interview organised by Roma Mitchell Secondary College
- Demonstrated potential for further development in the sport
- A stated commitment to continue in the program during your enrolment at the school
- A positive attitude
- High level of coachability
- Play or compete for a community club

Application forms must be dropped in at the school prior to the trial date or brought with you to the trial. Any issues with meeting this date please contact Adam Carter. Following are the details of the trials:

- SOCCER TRIALS will be held at RMSC at 11.30am to 12.30pm Thursday 21 May 2015
- CYCLING TRIALS will be held at RMSC at 11.30am to 12.30pm Thursday 21 May 2015
- HOCKEY TRIALS will be held at RMSC at 11.30am to 12.30pm Thursday 21 May 2015

Please come to the Co-Education Building Front Office at 11.15am.

Please return the completed application to:
Adam Carter Senior Leader, Roma Mitchell Secondary College by either emailing, faxing, posting or hand delivered to Student Services in the Co-Education Campus of the school or bring it with you to the trial.

Contact details:
Address: Roma Mitchell Secondary College
         Briens Road, Gepps Cross, 5094
Phone: 81614600
Fax: 81614650
Email: adam.carter@rmsc.sa.edu.au
Website: www.rmsc.sa.edu.au
Application Form
Cycling / Hockey / Soccer Specialist Sport Program 2016

Student’s Name: ........................................................................................................


Family Name                                     Given Names

Please circle:              Male                           Female

Date of Birth: ........../........../........

Day        Month         Year

Address: ........................................................................................................

..................................................................................................  Postcode:  .........................

Telephone Number: ............................

Identify in the table below, in priority order, which sport(s) you are applying for entry to Roma Mitchell Secondary College:

<table>
<thead>
<tr>
<th>Priority</th>
<th>Sport</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td></td>
</tr>
<tr>
<td>2nd</td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
</tr>
</tbody>
</table>

Sports played in 2014 / 2015 (Please list all sports / teams which you have represented):

<table>
<thead>
<tr>
<th>Sport</th>
<th>Team name / Division (if appropriate)</th>
<th>* Level of involvement (enter codes from table on the next page)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Level of involvement

<table>
<thead>
<tr>
<th>National/State representative</th>
<th>Code</th>
<th>Club representative (name + team division)</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAPSASA State Exchange representative</th>
<th>Code</th>
<th>For your school against other schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SAPSASA District Team</th>
<th>Code</th>
<th>Within the school</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
TO BE FILLED IN BY THE STUDENT WHO IS APPLYING FOR THE PROGRAM:

What are your reasons for wanting to participate in the Specialist Sport Program?

Name of Parent/Caregiver: 
(Dr / Mr / Mrs /Ms) .................................................................................................................................

Initials..................................................................Family Name

Telephone: Home: ..............................................
Work: ................................................................. Mobile: .................................................................

Signature of Parent/Caregiver: ................................................................. Date: ..........................