



NETBALL SOUTH 2018-19 AGE BANDING APPLICATION FORM

Name of Player _____	Club/School _____
County _____	Region _____
Date of Birth _____	Today's Date _____
Requesting to Play in Age Group _____	Competition _____

Contact details of person completing form:

Name:	Address:	
		Post Code:
Home Telephone:	Mobile:	
Email:		

The following must be completed and returned to the Competition Organiser of the competition the player is being considered to play in before the player is eligible to play out of their age band. By completing this form you are determining that this player is suitable to play above their current age band. Please refer to the Age Banding Guidance and Support document before completing this form.

1)	Is the player currently in the England Performance Pathway (e.g. Satellite, County, Regional Academy)?	YES <input type="checkbox"/> Please proceed to question 2 NO <input type="checkbox"/> Please proceed to question 3
2)	Please state the level of the Performance Pathway the player is currently in, and the venue of the Academy	
3)	What level of competition is the player currently involved in?	
4)	What is the reason for the age band request?	
5)	Who will support/mentor the player during the process for her feeling of 'ease' with the transition?	Name _____ Position _____
6)	What monitoring strategy has been agreed by all interested parties?	

Please complete and tick the appropriate box

The player:-

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|--------------------------|----|--------------------------|
| • has shown the physical ability to compete at a higher level | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • has shown the emotional ability to transition to a higher age band | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • has the technical and tactical ability to take part the level of the higher age band | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • progress will be regularly monitored | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |
| • The Team Coach has discussed this application with the player, the Club/School Safeguarding Officer and the players' parent(s)/guardian(s) (if the player is Under 18 years of age) | YES | <input type="checkbox"/> | NO | <input type="checkbox"/> |

Signed: _____ Academy Coach
 _____ Club/School Safeguarding Officer
 _____ Parent

NB: Please note that approval is not needed for this process. Completion and submission of this form will act as approval for the player to play out of their age band, providing it is completed in full and received by the competition organiser within the timescales they permit. Please refer to the competition regulations before submitting this form