Approved Specialist Program (ASP)

Application Form

for entry in 2010

Applications close 13 March 2009

Paste passport photo here

Volleyball

Personal Information

Student Surname ..... **First Name** .....

Preferred name .....

Date of birth ..... Gender .....

Home address .....

..... Post Code .....

Current Primary School .....

Parent Surname ..... **First Name** .....

Parent address .....

..... Post Code .....

Contact Details: Home Ph: ..... Work Ph: .....

Mobile ph: ..... Email: .....

Provide a brief outline of sporting achievements and why you are interested in this program

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Please attach a copy of a current school report and copies of any sporting awards to this application

WAIS Testing Analysis
Office Use Only

Height:	**Weight:**	**BMI:**			
Arm Span:		**Basketball Throw:**			
Vertical Jump:		**40m Sprint:**			
Shuttle Run:		**Flexibility (LRB):**			

Assessment Notes

.....

.....

.....

.....

.....

.....

.....

Assessor:	**Date:**

Spatial Awareness Analysis
Office Use Only

.....

.....

.....

.....

.....

.....

.....

Assessor:	**Date:**

Consensus Rating
Office Use Only

SPA:		**SMS/IPS:**		**OFFER:**	**YES / NO**