

Coordinators:

Ms Anne Louise Williams (Director of Sport) Mr Brad King (Head of Performance)

PERSONAL DETAILS					
Given Names:					
Surname:					
Date of Birth:		Year L	evel:		
Please indicate which Fly	ers Program yo	ou wish to appl	y for: Sport	☐ Music ☐	
Please list your sport or r	nusic instrume	nt which is the	e focus in this	s application:	
Sport Representation Please complete the belo If not relevant to this app		•	representatio	n.	
National Sport Please include the detail or selection to compete in international compet	for Australia				
State Sport Please include the detail to compete for Queensl national competitions. (a boarder and compete state, please include her	and in (If you are for another				
Current Clubs or Teams Please list any clubs or t you are currently registe for and indicate the age applicable	eams that ered to play				
Music Performance Repr	resentation				
External Ensemble Please include detail of ensemble involvement. Young Con					
Australian Music Examination Board (AMEB) or equivalent Level Result Year					
Recent Results List your highest represe MUSIC PERFORMANC					
List your highest representa PERFORMANCE. (Please p				r SOLO MUSIC	

Currently Weekly Training Commitments

(Please provide time and hours per day)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	MONDAY	MONDAY TUESDAY	MONDAY TUESDAY WEDNESDAY	MONDAY TUESDAY WEDNESDAY THURSDAY	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY FRIDAY	MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

Coach	/Montor	/Teacher	Inform	ation
Coacn	//vientor	/ reacher	iniorm	alion

	Please provide the contact details for your coach, mentor, conductor or teacher.
ĺ	This should be the same person who will complete the reference form)

(This should be the same person who will complete the reference form)
Name:
Organisation: Role:
Email: Phone:
Goals & Achievements List your proudest achievements in your sport or performance area over the past 18 months.
Sport/Music Goals List your goals in your sport or performance area. Include at least one short term goal and at least one long term goal in your response. SHORT TERM:
LONG TERM:
Academic Goals Briefly describe your academic goals. Indicate any areas of improvement and further academic aspirations.
Declaration and Signature I wish to be considered for the St Margaret's AGS Flyers Program and I declare that all information submitted on this application form is correct and complete.

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Signature of applicant:		
Signature of parent/guardian:	Date:	

Please ensure that:

Ш	Both applicant and a parent/guardian have signed the application
	The attached confidential reference has been given to the student's
	coach/teacher/conductor and this has been requested to be returned
	directly to the school contact within seven days of receipt.

	You	have	provided	anv	evidence	as	requested
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