



**2017/2018 WESTERN AUSTRALIAN  
INSTITUTE OF SPORT**

**INDIVIDUAL ATHLETE  
SUPPORT PROGRAM SCHOLARSHIP &  
GRANT**

**Information and Application Form**



## 1.0 Before Applying

Prior to completing this application form, please refer to the WAIS website and read the following documents which should assist with your application:

- The WAIS Athlete Categorisation and Selection Policy
- The WAIS Individual Athlete Support Program Athlete Selection Policy (include WACG)

## 2.0 Application Process & Dates

The application process is as follows:

→ IASP applications open on the WAIS website	4 <sup>th</sup> September 2017
→ Applicant to have completed, signed & forwarded application to NSO	18 <sup>th</sup> September 2017
→ NSO to forward application to WAIS	25 <sup>th</sup> September 2017
→ Successful applicants notified via email	4 <sup>th</sup> October 2017
→ Commencement of 2017/2018 Individual Athlete Support Program	1 <sup>st</sup> December 2017

## 3.0 General Eligibility

Applicants must be Australian Citizens (or be able to prove you are in the process) and be eligible and available for selection to national teams competing at major international competitions. Furthermore be registered with your sport and or a club to perform for Western Australia.

## 4.0 Further Information

For further information about WAIS and IASP, please contact:

Western Australian Institute of Sport  
PO Box 139  
CLAREMONT WA 6910

**Phone:** 08 9387 8166  
**Fax:** 08 9383 7344  
**Website:** [www.wais.org.au](http://www.wais.org.au)  
**Email:** [wais@wais.org.au](mailto:wais@wais.org.au)  
**Contact:** Teagan Colgan - WAIS Performance Team Director



## 2016/17 Individual Athlete Support Program Scholarship or Grant Application Form

APPLICATIONS TO BE RECEIVED BY YOUR NATIONAL SPORTING ORGANISATION  
BY MONDAY 25<sup>th</sup> SEPTEMBER 2017

### SECTION 1 – SPORT AND EVENT

Sport:	Olympic/Paralympic Event:
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### SECTION 2 – PERSONAL DETAILS

First Name:		Surname:	
Date of Birth:	Age:	Sex: (Please circle)	Male / Female
Current Address:			
		State:	Post Code:
Telephone: (H)	(W)	(Mob)	
Email address:			

### SECTION 3 – PERSONAL COACH DETAILS (MANDATORY)

First Name:		Surname:	
Current Address:			
Country:	State:	Post Code:	
Telephone: (H)	(W)	(Mob)	
Email address:			

## SECTION 4 – DAILY TRAINING ENVIRONMENT

### QUESTION 1

Please mark 'X' and list where your Daily Training Environment is located.

<input type="checkbox"/> Perth (WAIS HPTC): _____	<input type="checkbox"/> Interstate: _____
<input type="checkbox"/> Perth (other): _____	<input type="checkbox"/> International: _____
<input type="checkbox"/> Regional (Intrastate): _____	

### QUESTION 2

Please mark 'X' on how often you will be utilising the WAIS Facility for your daily training environment?

<input type="checkbox"/> Daily	<input type="checkbox"/> Monthly
<input type="checkbox"/> Weekly	<input type="checkbox"/> Other: (eg: 2/3mths a year, only when I return WA on holidays): _____

## SECTION 5 – WAIS PERFORMANCE SERVICES

Please mark 'X' on the WAIS performance services you would like to utilise.

<input type="checkbox"/> Psychology	<input type="checkbox"/> Conditioning
<input type="checkbox"/> Biomechanics	<input type="checkbox"/> Nutrition
<input type="checkbox"/> Strength	<input type="checkbox"/> Medical
<input type="checkbox"/> Personal Excellence	<input type="checkbox"/> Physiotherapy
<input type="checkbox"/> Physiology	

## SECTION 6 – ELIGIBILITY AND GENERAL INFORMATION

Please mark 'X' in the appropriate box or by providing the relevant information.

### QUESTION 1

Are you **currently** a scholarship holder with the Australian Institute of Sport (AIS) or another State or Regional Institute/Academy? (ie Peel Academy, SouthWest Academy, NSWIS, QAS, NTIS, TIS, VIS)?

YES

NO

If **Yes**, please specify which Institute/Academy and what level of support you are receiving (financial and services): \_\_\_\_\_

**QUESTION 2**

Have you **previously** held a scholarship with the Australian Institute of Sport (AIS) or another State or Regional Institute/Academy?

YES NO 

If **Yes**, please specify the scholarship year/s and which Institute/Academy:

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**SECTION 7 - REPRESENTATIVE DETAILS****QUESTION 1**

Have you represented Australia at your sport's benchmark event (eg. World Championships/Olympic/Paralympic Games) in the past 3 years? (Please mark 'X')

YES NO 

If you have answered **Yes**, please tick the relevant box below to indicate the years of representation.

	2016	2015	2014
(E.g. Australian Junior)			
(E.g. Australian Senior)			

**SECTION 8 - RANKINGS DETAILS**

At the end of the most recent competition season, did you have an International ranking? (Please mark 'X')

YES NO 

If you have answered **Yes**, please fill out the table to indicate your ranking in each category/event

CATEGORY Please specify age group (e.g Open, U18)	EVENT (e.g 100m sprint/ 80KG Class etc.)	INTERNATIONAL RANKING		
		2017	2016	2015



**SECTION 10 – DECLARATION**

I wish to be considered for the IASP / WACG and declare that all the information submitted on this application form is correct and complete. I understand that WAIS reserves the right to vary or reverse any decision regarding IASP made on the basis of incorrect or incomplete information.

Signature of Applicant:

Date:

**Applicants Under 18 years of Age**

For applicants under 18 years of age, the parent, guardian or custodian who is the first legal point of contact must sign below.

Name:

Address:

State:

Post Code:

Relationship to Applicant:

Signature:

Date:

## TO BE COMPLETED BY THE NSO

SECTION 11 – NATIONAL SPORTING ORGANISATION SUPPORT		
<ul style="list-style-type: none"> <li>No application will be considered without <b>this section being completed</b> by the appropriate official of the NSO.</li> <li>NSO's are requested to <b>prioritise all applications</b> received before submission.</li> <li>The same official for the NSO should complete this form for all athletes.</li> </ul>		
National Sporting Organisation (NSO):		
Name of NSO Contact:		
Title:		
Phone (H):	Email:	Mob:
Name of IASP Applicant:		
Please state the athlete's current AWE category and categorisation date.		
EMERGING <input type="checkbox"/>	DEVELOPING <input type="checkbox"/>	INTERNATIONAL <input type="checkbox"/>
COMMONWEALTH GOLD <input type="checkbox"/>	PODIUM READY <input type="checkbox"/>	PODIUM POTENTIAL <input type="checkbox"/>
DATE LAST CATEGORISED:		
Will the athlete spend the majority of the year in Perth?		YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the athlete affiliated with a Western Australian SSO?		YES <input type="checkbox"/> NO <input type="checkbox"/>
If No please explain why WAIS should support this athlete:		
Additional comments in Support of Applicant:		
No. of Applications received by the organisation		
This Applicant is ranked: <i>i.e. – If there are five applications, 1 = most supported and 5 = less supported</i>		
WAIS operations are guided by two key values – <b>People &amp; Excellence</b> , requiring a respect for others and striving to do the best you can at all time. Please rate the applicant in these areas on a scale of 1-5 with 1 = low, 5 = high		
<i>People</i> 1 2 3 4 5 <i>Excellence</i> 1 2 3 4 5		
I certify that all information in this application and in any attachments are to my knowledge true and correct in every detail.		
Signature:		Date:



Please ensure application forms are submitted to WAIS from the NSO **by 6<sup>th</sup> October 2017:**

**Western Australian Institute of Sport**  
PO Box 139  
CLAREMONT WA 6910

**Western Australian Institute of Sport**  
[wais@wais.org.au](mailto:wais@wais.org.au)