

University of Cambridge Athlete Performance Programme (UCAPP) Application Form



GENERAL INFORMATION

First Name: Title:

Last Name: Term Post Code:.....

Date of Birth:..... Term Address:.....

Home Post Code:

Home Address: Contact Number:.....

..... Email:

Alternative Email:

EMERGENCY CONTACT DETAILS

Name..... Contact Number Relationship

DISABILITY MONITORING

If you would like to provide us with information about a disability, we will use this information to ensure that we deliver a safe and appropriate service.

Do you consider yourself to have a disability?

- Yes
- No
- Prefer not to say

If yes:

- Health Condition/Long Term Illness
- Hearing Impairment
- Learning Disability
- Other Type of Disability
- Physical Impairment/Mobility Issues
- Visual Impairment

Please give brief details below:

.....

INJURY STATUS

Are you currently or have you recently suffered any injury which may affect your athletic performance?

- Yes
- No

Please give brief details below:

.....

.....

ACADEMIC DETAILS

College Faculty

Course..... Course Leader

Year of Study: Tutor

1st 2nd 3rd 4th 5th 6th

SPORT DETAILS

Your Sport: Coaches Contact Number :

Years in Sport: NGB Contact:

Current Club:..... Current Level:.....

Coaches Name: Current Training Hours per week:
Sport Specific
Coaches Email: Cross Training.....
Strength & Conditioning

Sporting achievements over the last 2 years (to include dates, levels)
.....
.....

Goals and Targets for the next year (to include both University and External clubs)
.....
.....

Are you committed and able to represent the University at all relevant training sessions, competitions and events?
 Yes
 No

Please list any coaching qualifications you currently hold (to include level and date qualified)
.....
.....

ADDITIONAL INFORMATION

Do you currently receive any other financial support through sponsorship, NGB Awards, grants or professional/semi-professional clubs?
 Yes - please specify
 No

Where did you hear about UCAPP?
.....

REFERENCES

Please provide the details of two referees who will support your application. (One reference must be your current coach or NGB contact.)

Reference 1	Reference 2
Name:	Name:
Relationship:	Relationship:
Address:	Address:
.....
Telephone:	Telephone:
Email:	Email:

SUPPORTING STATEMENT

Please complete your supporting statement overleaf.

Please express in your own words why you wish to be considered for UCAPP. This statement should be typed and be no longer than the allocated space. (Max 500 Words)

AGREEMENT

1. I understand that the University will hold my personal details on its secure database and that it may use them in case of an emergency or in case it needs to contact me; this may be by telephone, email or text message.
2. In general, we use your personal information in order to deliver our contractual obligations to you as a user of our service and to monitor sales and use of our facilities. We use any disability information you supply to monitor the use and safety of our service and you do not have to provide it to us. 5. We collect your Car Registration Number in order to identify you should any issues arise in the barrier controlled car parks.
3. For more information about how we handle your personal information, and your rights under data protection legislation, please see <https://www.information-compliance.admin.cam.ac.uk/data-protection/general-data>.

Name Signed Date.....

If any of the information you provide on this form changes, please inform Reception