

## 2020 Application Form Golf NSW High Performance Development Program

*Applications Close Friday February 7th*

### CONTACT DETAILS

FULL NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ MOBILE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

GOLF CLUB MEMBERSHIP/S: \_\_\_\_\_

GOLFLINK #: \_\_\_\_\_

HIGH SCHOOL YOU ATTEND: \_\_\_\_\_

WHAT YEAR ARE YOU IN: \_\_\_\_\_

COACHES NAME: \_\_\_\_\_

COACHES CONTACT PHONE NUMBER/EMAIL: \_\_\_\_\_

CURRENT WORK/STUDY (if not in high school): \_\_\_\_\_

HOW MANY HOUR PER WEEK ARE WORK/STUDY COMMITMENTS (non-high school): \_\_\_\_\_

Please answer the following questions.

1. Please list your best 5 tournament results over the last 12 -18 months.

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2. Why should I be considered for selection into the Golf NSW High Performance Program?

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3. What are your golfing goals for the for the next 1-2 years? Please list at least 5 goals.

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4. How do you believe the Golf NSW High Performance Program can assist you in achieving these goals?

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5. What will you be doing in 5 years' time on and off the course?

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6. What do you consider are your strongest personal attributes?

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7. Please describe a major challenge you have faced on your golfing development journey so far. This could be an on or an off-course challenge. Why was this a major challenge in your opinion and describe what you did to overcome it or how are you currently addressing it?

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8. Please provide details (name, phone, email) of any service providers (i.e. physio, strength and conditioning coach, mind coach etc.) that you currently utilise as part of your development?

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**Application Declaration**

- . If chosen I will give 100% commitment to the program
- . I will give respect to all service providers, coaches and squad members
- . I will have a professional attitude to training
- . I will work as part of a team at all times
- . I will adhere to the Golf NSW Code of Conduct and other relevant policies

I declare the information in this application is true and correct to the best of my knowledge and understand the terms of the application.

Signature of Applicant \_\_\_\_\_

(If applicant is under 18 years of age)

Signature of Parent/Guardian \_\_\_\_\_

Parents Email: \_\_\_\_\_

Parents Mobile: \_\_\_\_\_

**APPLICATIONS CLOSE FRIDAY FEBRUARY 7<sup>TH</sup>, 2020**

**Application Forms are to be emailed to the  
Golf NSW High Performance Manager**

**[khan.pullen@golfnsw.org.au](mailto:khan.pullen@golfnsw.org.au)**