

ENGLAND NETBALL AGE BANDING APPLICATION

Name of Player	_____	Club	_____
County	_____	Region	LONDON & SE
Date of Birth	_____	EN member no	_____
Requesting to Play in Age Group	U16	Competition	LSE U16 REGIONAL LEAGUE

Contact details of person completing form:

Name:	Address:	
		Post Code:
Home Telephone:	Mobile:	
<u>Email:</u>		

The following must be completed and returned to the Competition Organiser of the competition the player is being considered to play in before the player is eligible to play out of their age band. By completing this form, you are determining that this player is suitable to play above their current age band. Please refer to the Age Banding Guidance and Support document before completing this form.

1)	Is the player currently in the England Performance Pathway (e.g. Satellite, County, Regional Academy)?	YES <input type="checkbox"/> Please proceed to question 2
		NO <input type="checkbox"/> Please proceed to question 3
2)	Please state the level of the Performance Pathway the player is currently in, and the venue of the Academy	
3)	What level of competition is the player currently involved in?	
4)	What is the reason for the age band request?	
5)	Who will support/mentor the player during the process for her feeling of 'ease' with the transition?	Name _____ Position _____
6)	What monitoring strategy has been agreed by all interested parties?	

Please complete and tick the appropriate box

• The player has shown the physical ability to compete at a higher level	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• The player has shown the emotional ability to transition to a higher age band	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• The player has the technical and tactical ability to take part at the level of the higher age band	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• The player will have their progress regularly monitored	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
• The team Coach has discussed this application with the player, the Club Safeguarding Officer, and the player's parent(s) / guardian(s)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Signed: _____ Coach

_____ Club Safeguarding Officer

_____ Parent

Date: _____

NB: Please note that approval is not needed for this process. Completion and submission of this form will act as approval for the player to play out of their age band, providing it is completed in full and received by the competition organiser within the timescales they permit. Please refer to the competition regulations before submitting this form. For queries relating to age banding please contact: