

Regional Academy Application Form

Athletes' details

1. Name
2. Male / Female
3. Date of birth
4. Email address of athlete
5. Phone Number of athlete
6. Triathlon England Membership Number
7. Address & Postcode

Parent / Guardians details

1. Email address of Parent / Guardian
2. Phone number of parent / Guardian

Athlete Development Frame Work

1. After looking through the information on the Athlete Development Framework, what pillar do you think is your strongest? If you are new to Triathlon just apply the pillars to your current sporting activity when answering these questions
2. Please explain your answer to the question above.
3. After looking through the information on the Athlete Development Framework, which pillar do you need to focus most effort into developing? If you are new to Triathlon just apply the pillars to your current sporting activity when answering these questions
4. Please explain your answer to the question above.

Swim / Run times

1. Swim times – 50m, 100m, 200m, 400m, 800m, 1500m
2. Run Times – 800m, 1500m, 3000m, 5K

Training history

1. How many times per week do you swim and how long is each session?
2. How many times per week do you run and for how long is each session?

3. Do you currently do any strength and conditioning work? If so, how much and how often?
4. Have you had an injury in the last two years that has prevented you from training? If so, please detail.

Swim/Bike/Run club details (if relevant)

1. Triathlon Club including Coach Name, Coach email, Coach Mobile
2. Swimming Club including Coach Name, Coach email, Coach Mobile
3. Running Club including Coach Name, Coach email, Coach Mobile
4. Cycling Club including Coach Name, Coach email, Coach Mobile

Race results

1. Triathlon Race Performances (Please list your top 5 race performances over the last 18 months - please use National level results where possible)
2. Single Discipline Race Performances (Please list up to 5 best performances in events such as Cross Country, Track & Field, Open Water Swimming, Cycling Racing, etc)

Medical details

1. Do you (the athlete) / your child have a medical condition that the coaches need to be aware of?
2. Do you (the athlete) / your child suffer with any allergies?
3. Do you (the athlete) / your child take any prescribed medication?

Consent

In completing this form, you are giving consent for your child to take part in all triathlon related activities should this application be successful following the Regional Academy assessments

I have read British Triathlon's Privacy Notice and agree to it

Signed by (PRINT NAME).....

Signature

Please send your application form to your Regional Academy Coach by the **15th September.**

South West	Blair Cartmell / Christian Brown southwestacademy@britishtriathlon.org
South East	Sarah Coope southeastacademy@britishtriathlon.org
South Central	Scott Murray southcentralacademy@britishtriathlon.org
London	James Beckinsale londonacademy@britishtriathlon.org
West Midlands	Steve Lloyd westmidlandsacademy@britishtriathlon.org
East Midlands	Rob Bridges eastmidlandsacademy@britishtriathlon.org
East	Tim Williams eastacademy@britishtriathlon.org
North West	Katie Hewison northwestacademy@britishtriathlon.org
North East	Colin Gardener northeastacademy@britishtriathlon.org
Yorkshire and Humberside	Sinan Osman yorkshireacademy@britishtriathlon.org