

Donegal Sports Partnership

Beyond 20x20 Application Form

PERSONAL DETAILS:

NAME:

ADDRESS:

COUNTY:

EIRCODE:

TEL:

MOB

EMAIL

ARE YOU OVER 18 YEARS OF AGE: YES/NO

IF NO state your DATE OF BIRTH: __/__/____ AND COMPLETE / RETURN THE PARENTAL CONSENT FORM ATTACHED

SPORTING INTEREST:

SPORT(S): _____

Name of Club: _____

Current role(s) in Club (If any) _____

1. WHAT IS YOUR ROLE WITHIN YOUR CLUB?

Include details of how long you have been with the club/community group, what roles you hold or have held, why you volunteer? Do you or your club support female participation/development within the club already? (Use additional page(s) if necessary)

2. CAN YOU CONFIRM THAT YOU WILL BE AVAILABLE FOR ALL DATES: (ITS COMPULSORY TO ATTEND ALL DATES)

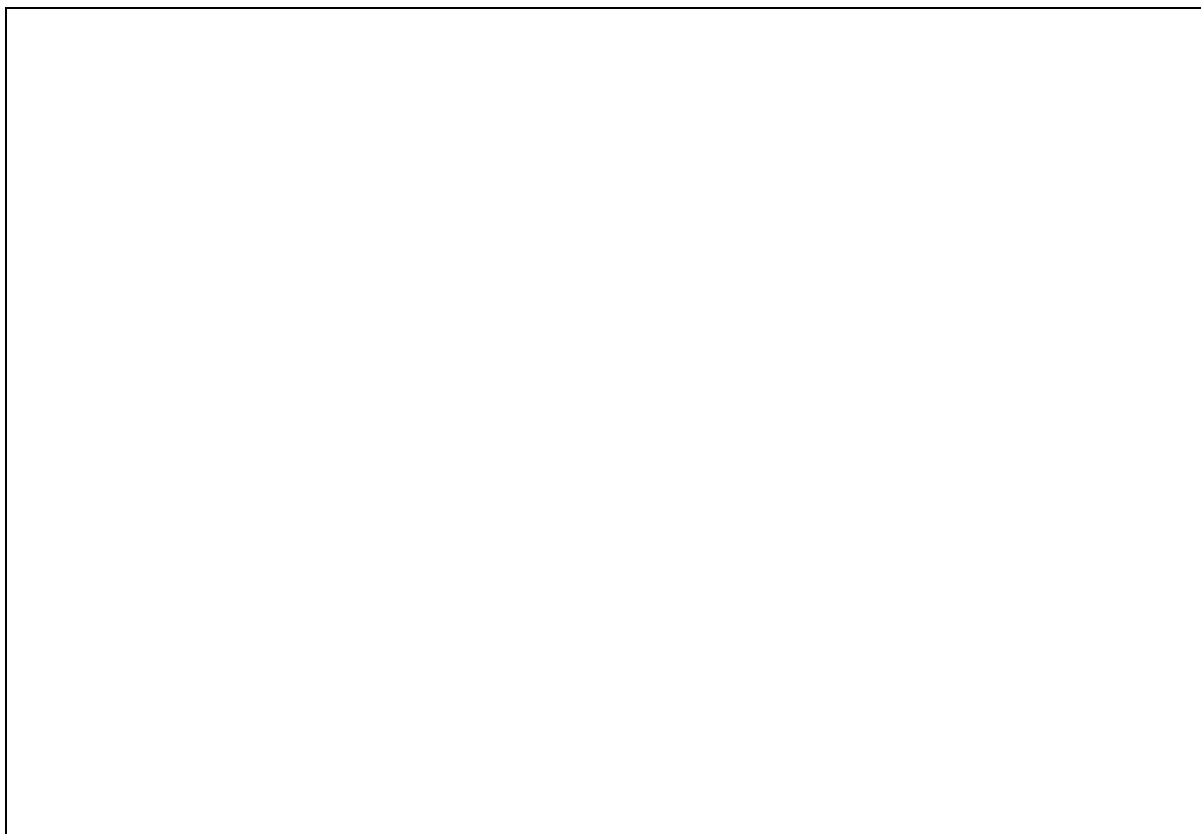
WORKSHOP DATES?	WHATS ON	ATTENDING YES/NO
08-MAR	Programme Introduction	
03 & 04 APR	Workshop- Leadership & Communication	
01 & 02 MAY	Workshop- Confidence & Resilience	
20-JUN	Workshop- Psychology & Guest Speaker	
19-SEPT	Workshop- Mental Health & Guest Speaker	
16-OCT	End of programme Celebration	

3. WHAT STRAND ARE YOU MOST INTERESTED IN DEVELOPING? (TICK ONE OPTION)

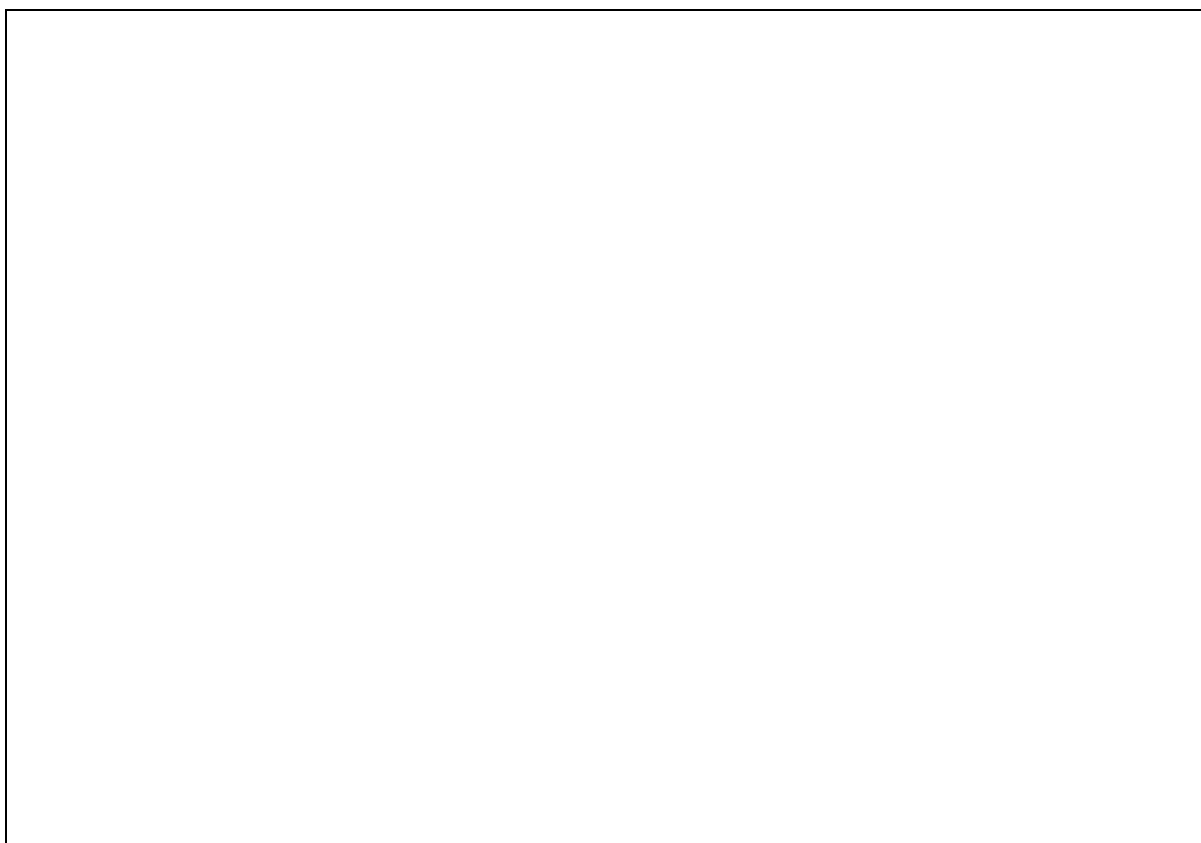
COACHING	<input type="checkbox"/>	ADMINISTRATION	<input type="checkbox"/>
OFFICIATING	<input type="checkbox"/>	MEDIA/COMMUNICATION	<input type="checkbox"/>
OTHER (Please name)			

4. WHAT IS YOUR CURRENT EXPERIENCE WITH THIS STRAND IF ANY?

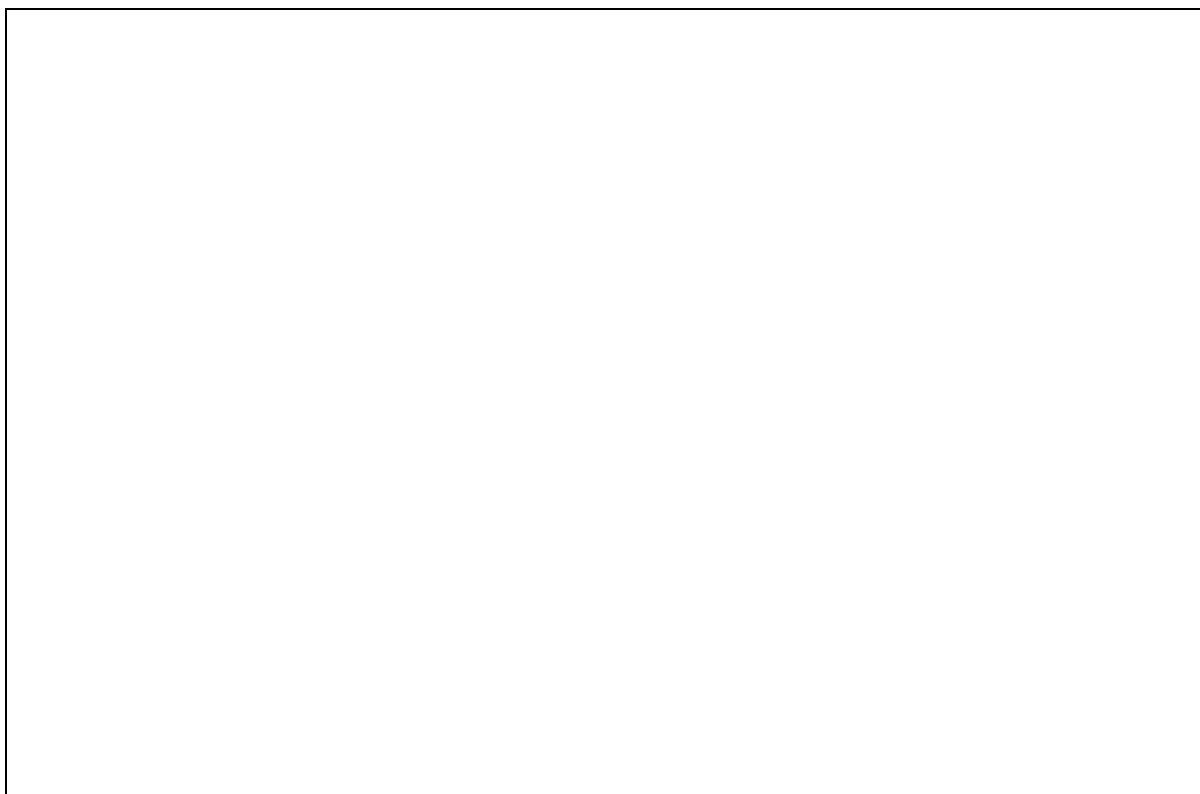
5. WHAT ARE YOUR AMBITIONS WITH THIS STRAND?



5. IDENTIFY AREAS/ SKILLS THAT YOU WOULD LIKE TO DEVELOP ON THIS PROGRAMME?



6. WHAT PERCEIVED BARRIERS (IF ANY) HAS STOPPED YOU FROM ACHIEVING YOUR GOALS IN YOUR CHOSEN STRAND TO DATE?



7. WHAT DO YOU WISH TO GAIN FROM YOUR INVOLVEMENT IN THE BEYOND 20X20 PROGRAMME?

