



BC ATHLETE ASSISTANCE PROGRAM APPLICATION FORM

NOTE: Personal information collected on this form is directly related to, and is necessary for the administration of the BC Athlete Assistance Program and the Premier's Athletic Awards. Disclosure of the information is subject to the provisions of the Freedom of Information and Protection Act (RSBC 1996, c.165).

A. Personal Data (to be completed by the athlete)

Last name:			First name:		
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: YYYY MM DD			Name of Sport: TRIATHLON	
Permanent Address:					
City:		Province:		Postal Code:	
Telephone Number:		Hometown:		Optional Declaration - Aboriginal Ancestry (First Nations, Metis, Inuit) <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Educational Status

Completed Secondary School: <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, indicate current or highest grade completed:	
Post Secondary Educational Status:			
Level completed:		<input type="checkbox"/> Undergraduate Institution Attended:	<input type="checkbox"/> Graduate OR # of years completed: Institution Attended:

C. Awards History

Have you received BC Athlete Assistance funding before? <input type="checkbox"/> Yes <input type="checkbox"/> No		Which year(s)?	
Do you receive SPORT CANADA funding? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so, indicate carding level and years received: Carding Level: Years Received:	
Indicate year of the games you have participated in:			
North American Indigenous Games:		Canada Winter Games:	Canada Summer Games:
Western Canada Summer Games:		BC Games:	Other (International):

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D. Results

Please list your top 10 results in 2015, identifying the event name, location and distance. Be sure to include the category you competed in. Where applicable, please include performances at National Championships, ITU or CAMTRI events and Provincial short course championships.

EVENT NAME	DISTANCE	LOCATION	PLACING	CATEGORY

Have you been named to the 2015 Triathlon Canada National Team (Tiers 1 to 5)?

☐ YES ☐ NO

E. Coaching

Are you currently working with an eligible Coach (see section 3.3)?

☐ YES ☐ NO

If YES, please list their name and contact information below.

Coach Name	
Coaching Certification	
Coach's e.mail	
Coach's phone	

I have attached my 2015 Individual Performance Plan on the template provided by TriathlonBC

☐ YES ☐ NO

F. Supporting Evidence

Please describe any volunteer activity performed in 2014. Include letters of reference where applicable.