



**Personal Details**

Name:

Date of birth:

Address:

Email:

Phone:

School Name:

Do you have any additional support requirements? (Please specify below):

Please tell us about any experiences you think may be relevant - for example as a volunteer, participant, competitor, official or within a leadership role:

Please tell us why you would like a place on ASLA and what you hope to gain from attending:





How would you inspire other young people to be active?

School staff member recommendation

Please complete this application & return to your PE / Guidance teacher who will complete the school recommendation section. Please return to Active Schools no later than **Friday 21<sup>st</sup> June.**

We acknowledge that all pupils may have different needs. If you are interested in applying but feel you may not be able to complete the entire program, please speak directly with your ASC coordinator/PE staff to discuss an individual plan to best suit your needs.



@ACTIVE\_MID  
#ASLA