

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. Disclosure of the information is subject to provisions of the Freedom of Information and Protection Act.

- ☐ If you are currently a CSI-P nominated athlete for 2019/20, please confirm enrollment and activation with your hometown CSI-P or PacificSport Centre.
- ☐ I AGREE that, should I be selected to receive High Performance Financial Support through the BC Athlete Assistance Program (BC AAP), that I will make myself available for all eligible Triathlon BC teams and select fundraising efforts unless I have received an exemption from Triathlon BC.

A. PERSONAL DATA (TO BE COMPLETED BY THE ATHLETE):

Last Name:

First Name:

Sex: Male ☐ Female ☐

DOB:

Permanent Address:

City:

Postal Code:

Phone:

Email:

Optional Declaration – Aboriginal Ancestry (First Nations/Metis, Inuit):

B. EDUCATION STATUS:

Completed Secondary School:

If no, indicate current highest grade complete:

Post-Secondary Educational Status:

Institution Attended:

C. AWARDS HISTORY

Have you received BC Athlete Assistance Funding before:

Is yes, which year(s):

Do you currently receive Sport Canada Funding:

If yes, level of Sport Canada Funding:

D. MULTISPORT GAMES PARTICIPATION (indicate years):

North American Indigenous Games:

Canada Games:

BC Games:

Other:

E. RESULTS

Please list your top results of 2018, identifying the event name , distance, and level. Be sure to include the category you competed in. Where applicable, please include your performance at National Championships, ITU or CAMTRI, and Provincial Championship or SuperSeries events. Results can also be included in an appendix submitted with this application form.

EVENT NAME	DISTANCE	FINISH	CATEGORY	LEVEL (ITU/CAMTRI/NATIONAL/PROVINCIAL)	RESULTS LINK

Have you been named to any Triathlon Canada National Teams or Projects:

F. COACHING

Are you currently working with a certified coach?

☐ YES

☐ NO

If yes, please list their name, contact information and certification level:

Coach Name:	
Coach Certification:	
Coach eMail:	
Coach Phone:	

I have attached my 2019 Individual Performance Plan (IPP): ☐ YES

☐ NO

I have an IPP on file within Triathlon Canada's Smartabase: ☐ YES

☐ NO

Note: An IPP or reference to an IPP is required of all applicants.

G. SUPPORTING EVIDENCE

Please describe any volunteer activity performed in 2018/19. Include letters of reference where applicable.

Please submit full applications to Allan@tribc.org on or before June 1, 2019