**Application Form for Selection to the BWL WCP for Para Powerlifting**

Please accept my application for consideration, for selection to the BWL World Class Program. In submitting this application, I am confirming I understand the following:

* I acknowledge that I have read, understood, and agree to follow the British Weight Lifting Selection Policy for the WCP membership period 2023-2024.
* I agree that as a condition of my place on the WCP, I will be obliged to enter into the following agreements prior to my nomination for an APA
	+ The British Weight Lifting and UKS Performance Athlete Agreement 2023-2024

**WCP APPLICATION FORM**

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| ATHLETE INFORMATION |
| Athlete’s name |  |
| Address |   |
| Email |  |
| Mobile |  |
| Home Tel |  |
| BWL membership no. |  |
| Date of birth |  |
| Date of first competition |  |
| Have you ever served a ban for doping infringements? Please provide dates/details |  |
| BODYWEIGHT CLASSES (The bodyweight classes you wish to be considered in for selection) |  |
| PERSONAL COACH |
| Name |  |
| Email |  |
| Mobile |  |

**QUESTIONAIRE**

Please answer in the green boxes below

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| **TRAINING** |
| Please describe how you wish to engage with and collaborate with the WCP?If you are an existing member, please also provide examples of how your engagement has:a) Contributed to your own developmentb) The development of staff and the WCP |
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| Which environments will you train training in over the next 12 months?ANDIf Loughborough, will training in at the HPC enable you to do that you cannot do at home? |
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| How often would/could you train in Loughborough on a monthly basis?ANDIf less than twice per month, please explain why more regular visits isn’t necessary? |
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| What impact would this engagement in Loughborough have on your development? |
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| How often will you see your personal coach?ANDPlease describe what good weekly communication looks like between you and your coach? |
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| What data will you use to improve decision-making and collaboration with your personal coach?If you are an existing member please also answerWhat data will you use to improve decision making and collaboration with your team? |
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| What information would you want the WCP to provide you in order to optimise your progress and better understand your development needs and trajectory? |
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| What do you currently do on a weekly basis to minimise risk of injury and illness?AND,Who is your local physio therapy provider? Please provide contact details |
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| **Your current life situation (study, work, personal development)** |
| What is your employment and or education status? Secondly, if employed what are your current working hours and where is your job located?  |
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| If in education where are you based, to what level and on average how many days a week are you committed to this? |
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| What will membership and WCP support enable you to learn or experience? Please describe what learning, qualifications or experiences you intend to pursue in the next 12 months should you be selected on to the WCP?(Athletes receive a £700 grant to spend on personal development annually.) |
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| We expect all athlete to prepare for leaving sport throughout their membership, from the start of their membership. Please describe other current areas of interest outside of being a member of the WCP. For example, hobbies, passions or industries you see yourself working in after sport. |
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| **ATHLETE NEEDS** |
| Please provide **up to** 3 priorities for you to pursue/develop/deliver in order to meet your annual goals in 2022-2023 E.g. Specific technical, physical, psychological or personal development needs |
| 1. |
| 2. |
| 3. |

**ATHLETE/PERSONAL COACH STATEMENT**

**ATHLETE**

* I wish to be considered for selection to the WCP for the memberships period April 1ST 2023 – March 31st 2024.
* I confirm I understand and agree to adhere to the BWL WCP selection policy.
* I agree to facilitate the various procedures laid out in the BWL WCP selection policy and to provide such assistance and information as BWL shall reasonably require in connection with the selection process laid out.
	+ This includes engaging with, updating and sharing your individual athlete plan (IAP).

**COACH**

* I agree and confirm that as an identified personal coach I will collaborate and engage with WCP staff and management where appropriate to align preparation towards the athlete’s personal ambitions, UK Sport/BWL WCP milestone events and contribute to the consolidation of knowledge within and sustainability of the WCP.

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| ATHLETE |
| SIGNED |  |
| ATHLETE NAME |  |
| DATE |  |
| **PERSONAL COACH (WHERE ACTIVE)** |
| SIGNED |  |
| COACH NAME |  |
| DATE |  |
| PARENT/GUARDIAN (IF UNDER 18) |
| SIGNED |  |
| PARENT/GUARDIAN NAME |  |
| DATE |  |

Completed applications must be submitted to the Paralympic Performance Director. Please send your submission by email to tom.whittaker@britishweightlifitng.org. **Applications MUST be submitted by 17:00 on the 01/02/2023 to** tom.whittaker@britishweightlifting.org