

England



TEAM ENGLAND BOAT ANGLING

APPLICATION FORM

This application is for consideration as a member of a Team England Boat Angling teams.

Title:	Forename:	Surname:
Full Address with Post Code:		
Email Address:	Date of Birth:	
Telephone No (Mobile):		
Please circle which team(s)/event you would like to be considered for:	World Boat: Seniors Youth (U21) Home Boat: Seniors World Big Game: Seniors World Club Boat: Seniors Name of Club (World Club Boat Only):	
Member of which Club(s) :		
Angling Trust Membership Number: (MUST BE PROVIDED)		
What forms of boat angling are you conversant with:		
On average how often do you fish:		
Do you receive any sponsorship for angling? If so, please give brief details:		
Full name and telephone number of a personal sea angling referee:		
Please tell us if you have any illnesses or disabilities we need to be aware of:		

<p><i>Have you competed as a member of a team in the last year; if so, name of team(s):</i></p>
<p><i>Have you competed at the particular venue(s) the competitions will be held on? if so, please give details:</i></p>
<p><i>Within this space provided, state why you should be selected.</i></p>

Notes:

1. By signing this form you are consenting to this application being photocopied and shared by Angling Trust to any Marine Selectors required.
2. Any falsification of information supplied in this application will not be viewed favourably by the Selectors and may lead to the application being discounted.
3. You, your nominated referee, or any match organisers may be contacted by any Selector to clarify information provided.
4. In the event no or limited sponsorship is available, applicants must be prepared to meet all their costs.
5. In the event of successful applicants obtaining their own sponsorship, the Team England Manager & the Angling Trust Competition team must be informed immediately.

<p>Have you, or are you prepared to purchase, the official clothing/uniform, and will you wear it when required?</p>	Yes	No
<p>Sports persons are occasionally subjected to testing for prohibited drugs / banned substances, are you content to undergo such test? If you are taking any prescribed medication, you will need to provide a Therapeutic Use Exemption for any medication on the WADA prohibited list.</p>	Yes	No
<p>There may be times when details of invitation matches are received; do you wish to be contacted for consideration?</p>	Yes	No
<p>I confirm the information within this application is correct and if selected I agree to abide by the Code of Conduct published by the Angling Trust</p>	Yes	No

Applicants Signature: _____

Parent/ Guardian Signature (if under 18 years of age): _____

Date: _____

Return completed forms to: **Kelly Latimer, Angling Trust, The Old Police Station, Wharnccliffe Road, Ilkeston, Derbyshire. DE7 5GF** or by email; kelly.latimer@anglingtrust.net

Deadline for applications: Wednesday 31st July 2024

Application forms received after these dates will not be considered for selection.

