

*To be completed by the applicant only
All questions must be completed, please use the application pack as a guideline.*

Personal Details

Title _____ Name _____ Surname _____
 Address _____
 Postcode _____ e-mail _____
 Tel _____ Mobile _____
 D. O. B. _____ Age _____
 Club Name _____

Your Sport / Squad Training

In what Sport have you gained honours? _____
 How long have you been participating in your sport? (years) _____
 Is your National Governing Body (NGB) recognised by the Sports Council for Wales? Yes No
 Are you a member of any National Squad for your Sport Yes No
 Please specify _____

Your Achievements

Representation in the last 12 months (refer to guidelines for the criteria)

Event / Fixture	Venue	Date	Achievement

Championship ranking in the last 12 months (refer to guidelines for criteria) - if appropriate

Event / Fixture	Venue	Date	Ranking

Declaration

The information provided in this form is true and accurate to the best of my knowledge.
 I agree to abide by all of the conditions set out in this application pack.

Signed _____ Date _____

Checklist

If you fail to include any of the items below your application will be returned.

Have you kept a copy of the application for yourself?
 Have you attached a Squad invitation letter or supporting evidence of your achievements?
 Have you attached your cheque for £5?
 Have you enclosed 2 recent passport photos of yourself?
 Have you enclosed a training programme signed by your National Governing Body?

Governing Body Details

To be completed by a Regional Development Officer or a Sport Specific Development Officer of the National Governing Body

Name _____ Surname _____
 NGB _____ Position in NGB _____
 Tel _____ Email _____

I have read the above information and confirm that the applicant meets the specified criteria level of the North Wales Gold Card.

Signed _____ Date _____

Please return this form to
The address shown on the application pack



To be completed by the applicant only
All questions must be completed, please use the application pack as a guideline.

Personal Details

Title	<u>Mr</u>	Name	<u>Joe</u>	Surname	<u>Bloggs</u>
Address	<u>123 Any Street, Any Town, Any County</u>				
Postcode	<u>LL11 ABC</u>	e-mail	<u>j.bloggs@abc.com</u>		
Tel	<u>01234 567890</u>	Mobile	<u>NA</u>		
D. O. B.	<u>12 / 03 / 1990</u>	Age	<u>15</u>		
Club Name	<u>Any Town Badminton Club</u>				

Your Sport / Squad Training

In what Sport have you gained honours? Badminton

How long have you been participating in your sport? (years) 5 Years

Is your National Governing Body (NGB) recognised by the Sports Council for Wales?

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
Are you a member of any National Squad for your Sport	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>

Please specify Welsh Badminton Under 15 Squad

Your Achievements

Representation in the last 12 months (refer to guidelines for the criteria)

Event / Fixture	Venue	Date	Achievement
<u>Welsh Squad Training</u>	<u>Cardiff</u>	<u>April 2005</u>	<u>Training Squad</u>

Championship ranking in the last 12 months (refer to guidelines for criteria) - if appropriate

Event / Fixture	Venue	Date	Ranking
<u>Welsh Championships</u>	<u>Cardiff</u>	<u>June 2005</u>	<u>First Place</u>
<u>North Wales Championships</u>	<u>Deeside</u>	<u>May 2005</u>	<u>First Place</u>

Declaration

The information provided in this form is true and accurate to the best of my knowledge.
I agree to abide by all of the conditions set out in this application pack.

Signed J. Bloggs Date 01 / 07 / 2005

Checklist

If you fail to include any of the items below your application will be returned

Have you kept a copy of the application for yourself?	<input checked="" type="checkbox"/>
Have you attached a Squad invitation letter or supporting evidence of your achievements?	<input checked="" type="checkbox"/>
Have you attached your cheque for £5?	<input checked="" type="checkbox"/>
Have you enclosed 2 recent passport photos of yourself?	<input checked="" type="checkbox"/>
Have you enclosed a training programme signed by your National Governing Body?	<input checked="" type="checkbox"/>

Governing Body Details

To be completed by a Regional Development Officer or a Sport Specific Development Officer of the National Governing Body

Name	<u>Mr A. B.</u>	Surname	<u>Jones</u>
NGB	<u>Welsh Badminton</u>	Position in NGB	<u>Regional Development Officer</u>
Tel	<u>01987 654321</u>	Email	<u>abjones@123.com</u>

I have read the above information and confirm that the applicant meets the specified criteria level of the North Wales Gold Card.

Signed A. B. Jones Date 02 / 01 / 2005

Please return this form to
The address shown on the application pack



NorthWalesGoldCard Cerdyn Aur Gogledd Cymru

APPLICATIONS CANNOT BE ASSESSED
WITHOUT A COPY OF THIS OR YOUR
OFFICIAL TRAINING PROGRAMME

ATHLETE TRAINING PROGRAMME

Please provide details of your specific training sessions in the boxes shown. For each one please indicate the facility used & length of sessions. If you have a training programme provided by the governing body please include this instead.

WITHIN SEASON / COMPETITION

	Cardiovascular	Muscular Strength and Endurance	Speed and Agility	Active Rest / Rest	Other
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

OUT OF SEASON / NON-COMPETITION PHASE

	Cardiovascular	Muscular Strength and Endurance	Speed and Agility	Active Rest / Rest	Other
Mon					
Tue					
Wed					
Thur					
Fri					
Sat					
Sun					

Signature of Regional Development
Officer of National Governing Body

Date _____

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01758) 704067

Swyddog Datblygu Hamdden
Leisure Development Officer
(01492) 575556

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01824) 712700

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01352) 702464

Swyddog Gweithgareddau a Hyrwyddwr
Activities & Promotions Officer
(01248) 752034

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01978) 292088



North Wales Gold Card Cerdyn Aur Gogledd Cymru

Evaluation Form

Name _____ Card Number _____
Sport _____ Date Awarded _____

Which Leisure Facilities did you use? (Please tick)

Anglesey

Amlwch Leisure Centre
Beaumaris Leisure Centre
Holyhead Leisure Centre
Plas Arthur Leisure Centre

Conwy

Abergele Leisure Centre
Colwyn Leisure Centre
Dyffryn Conwy Leisure Centre
John Bright Sports Hall
Llandudno Junction Leisure Centre
Llandudno Swimming Pool
Llanrwst Swimming Pool
Y Morfa Leisure Centre
Colwyn Tennis Centre

Denbighshire

Corwen Leisure Centre
Denbigh Leisure Centre
Llangollen Leisure Centre
Prestatyn Leisure Centre
Rhyl Leisure Centre
Ruthin Leisure Centre
St. Asaph Leisure Centre

Flintshire

Buckley Sports Centre
Buckley Swimming Pool

Connah's Quay Sports Centre
Connah's Quay Swimming
Deeside Leisure Centre
Hawarden Leisure Centre
Holywell Leisure Centre
Hope Sports Centre
Mold Sports Centre
Saltney Sports Centre
Pavilion Sports Centre
North Wales Indoor Athletics

Gwynedd

Arfon Leisure Centre
Arfon Tennis Centre
Bangor Swimming Pool
Bangor Sports Hall
Plas Ffrancon Leisure Centre
Plas Silyn Leisure Centre
Dwyfor Leisure Centre
Glaslyn Leisure Centre
Penllyn Leisure Centre
Glan Wnion Leisure Centre
Pavillion Leisure Centre
Blaenau Ffestiniog Leisure Centre
Harlech Leisure Centre
Bro Dysynni Leisure Centre
Tywyn Swimming Pool

Treborth Athletics Track

Wrexham

Chirk Leisure Centre
Darland Sports Centre
Gwyn Evans Sports Centre
Plas Madoc Sports Centre
Rhosesni Sports Centre
Waterworld
Queensway
Ruabon Leisure Centre
Morgan Llwyd Leisure Centre

Universities / Colleges

NEWI
Coleg Llandrillo
Bangor
Deeside

Golf (please list which)

Other (please list)

_____ Please specify _____

What facilities/activities did you use?

Athletics Track Out <input type="checkbox"/>	Fitness Classes <input type="checkbox"/>	Table Tennis <input type="checkbox"/>
Athletics Track In <input type="checkbox"/>	Golf <input type="checkbox"/>	Tennis <input type="checkbox"/>
Badminton <input type="checkbox"/>	Ice Skating <input type="checkbox"/>	Weights <input type="checkbox"/>
Bowls <input type="checkbox"/>	Squash <input type="checkbox"/>	Other <input type="checkbox"/>
Fitness Suite <input type="checkbox"/>	Swimming Pool <input type="checkbox"/>	

Do you feel that your performance benefited from having a gold card?

Yes No

How often did you use the facilities?

Every Day Once a week Few times a week
Never Once a month

Do you think that the scheme can be improved?

Yes No

If yes, please recommend how:

Signed _____

Date _____

THANK YOU FOR YOUR TIME.

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01341) 424410

Swyddog Datblygu Hamdden
Leisure Development Officer
(01492) 575556

Uwch Swyddog Datblygu Chwaraeon
Senior Sports Development Officer
(01824) 712700

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01352) 702464

Swyddog Gweithgareddau a Hyrwyddwr
Activities & Promotions Officer
(01248) 752034

Swyddog Datblygu Chwaraeon
Sports Development Officer
(01978) 292088

