Appendix 3

## Age Banding Request

Name of Player

 Club

Date you would like player to be eligible

Requesting to play in age division

Requested to be age banded for the season

**Contact details of person completing the form:**

Name

Email

|  |  |
| --- | --- |
| Is the player currently in the England Performance Pathway (Satellite, County or Regional)?  | No …… (Proceed to Q3)  |
| Please state the level within the Performance Pathway  |   |
|   |   |
| What Level of competition is the player currently involved with?  |   |
|   |   |
| What is the reason for the Age Banding request  |  |
|   |   |
| Who will support and mentor the player? (Name and role/position)  |   |
|   |   |
| What monitoring Strategy has been agreed by all interested parties  |  |
|   |   |
| **Please Circle appropriate answer**  |   |
|   |   |
| **The Player:**  |   |
|  |   |
| Has shown the physical ability to compete at a higher level | Yes |
|  |   |
| Has shown the emotional ability to transition to a higher age band | Yes |
|  |   |
| Has the technical and tactical ability to take part at a higher age band | Yes |
|   |   |
| Progress has been regularly monitored  | Yes |
|   |   |
| The Team Coach has discussed this application with the player, clubs safeguarding officer and the players parent(s)/guardian(s)  | Yes  |

**Signed & Dated**

Coach: …

Club Safeguarding Officer

Parent/guardian

This form must be received at least 7 days prior to when you want the player to be eligible to play. You will be notified once a decision has been made; Return all forms to: Nadia Edyvean, 6 Prospect Row, Ashton, Helston, TR13 9RR