



# ATHLETE TRAVEL AWARD SCHEME

## APPLICATION FORM

Please complete this form in **BLOCK CAPITALS** and return to Comhairle Nan Eilean Siar.

### Application Information

Sport		NGB/Club Membership	Y/N
		Club Name	
Award Period	2019/20	Award Value applied for:	£

### Award Registration Details

First name*		Surname	
Date of Birth*			
Full Postal Address*			
Postcode*		Contact Telephone No.*	
Email		Mobile	

### Current Training Schedule

	Session 1	Time	Session 2	Time	Session 3	Time
<i>Example</i>	<i>Swim</i>	<i>6am - 8am</i>	<i>Track</i>	<i>4-6pm</i>	<i>S&amp;C</i>	<i>7pm - 9pm</i>
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						



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**Personal Statement**

Please note any relevant information in regards to your sporting achievements and plans that will support this application, including any significant results and performances to date.



**Goals 2019**

<u>Date</u>	<u>Competition Name</u>	<u>Location</u>	<u>Aspirations</u> <i>(podium/time/technical/tactical/psychological etc)</i>

**Goal 2020**

<u>Date</u>	<u>Competition Name</u>	<u>Location</u>	<u>Aspirations :</u> <i>(podium/time/technical/tactical/psychological etc)</i>

**Goal 2021**

<u>Date</u>	<u>Competition Name</u>	<u>Location</u>	<u>Aspirations</u> <i>(podium/time/technical/tactical/psychological etc)</i>

**Bank Details**

Account Name ..... Sort Code .....

Name of Bank ..... Account No .....

**Agreement Statement:**

Athlete Signed ..... Date .....

Parent/Guardian ..... Date .....

Signed *(If Under 18)*

Coach Signed ..... Date .....

**OFFICE USE ONLY**

<b>Date received</b>		<b>Decision date</b>	
<b>Processed by</b>		<b>Value of Award</b>	
<b>SIMD Monitoring 1</b>		<b>SIMD Monitoring 2</b>	



## EQUAL OPPORTUNITIES MONITORING FORM

### Ethnicity

I would describe my ethnic origin as:

Asian British Bangladeshi	<input type="checkbox"/>	Indian	<input type="checkbox"/>	Other white	<input type="checkbox"/>
Asian British Indian	<input type="checkbox"/>	Mixed White and Asian	<input type="checkbox"/>	Pakistani	<input type="checkbox"/>
Asian British Pakistani	<input type="checkbox"/>	Mixed White and Black African	<input type="checkbox"/>	Prefer not to say	<input type="checkbox"/>
Bangladeshi	<input type="checkbox"/>	Mixed White and Black Caribbean	<input type="checkbox"/>	White British	<input type="checkbox"/>
Black African	<input type="checkbox"/>	Other	<input type="checkbox"/>	White European	<input type="checkbox"/>
Black British	<input type="checkbox"/>	Other Asian	<input type="checkbox"/>	White Irish	<input type="checkbox"/>
Black Caribbean	<input type="checkbox"/>	Other Black	<input type="checkbox"/>	White Non European	<input type="checkbox"/>
Chinese	<input type="checkbox"/>	Other Mixed Background	<input type="checkbox"/>		<input type="checkbox"/>

### Disability

Do you consider yourself to have a disability?

Yes / No/ Prefer not to say

If yes, what is the nature of your disability?

Hearing	<input type="checkbox"/>	Multiple	<input type="checkbox"/>	Other	<input type="checkbox"/>	Brief description e.g. wheelchair user, dyslexia
Learning (dyslexia?)	<input type="checkbox"/>	Visual	<input type="checkbox"/>	Physical	<input type="checkbox"/>	

### Data Protection Statement

*sportscotland and CNES collect personal information in line with the Data Protection Act 1998. We will use this information to provide the services requested, maintain records and report statistics on national participation in sport. The above information, including any sensitive information provided as to your health and ability, will only be used for the purpose of providing the services requested, and anonymised summary information for statistical and audit purposes. Please note that by submitting this application form, you agree to CNES and sportscotland storing the information for the stated purposes.*

For further information please view the CNES Privacy Policy by following the link below:  
<https://www.cne-siar.gov.uk/site-pages/privacy/>

We would also like to pass your details onto your club, coach, SGB and/or support service providers, so that high quality support can be provided. If you consent to us passing on your details for that purpose please tick to confirm:

I agree

Please return your completed application form to [isladminteam@cne-siar.gov.uk](mailto:isladminteam@cne-siar.gov.uk) or:

### ISL Admin Team

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