

Ysgol Rhiwabon Young Leaders Application Form



Name

Gender (Please tick)

Male

Female

Year group and form class

Contact number/ e-mail address

No. _____ E-mail _____

What activities would you be willing to help with? (Please tick all that apply)

- | | |
|---|---------------------------------------|
| Athletics <input type="checkbox"/> | Gymnastics <input type="checkbox"/> |
| Badminton <input type="checkbox"/> | Hockey <input type="checkbox"/> |
| Boccia <input type="checkbox"/> | Jujitsu <input type="checkbox"/> |
| Cricket <input type="checkbox"/> | Netball <input type="checkbox"/> |
| Dodgeball <input type="checkbox"/> | Rugby <input type="checkbox"/> |
| Fitness <input type="checkbox"/> | Street Dance <input type="checkbox"/> |
| Football <input type="checkbox"/> | Table Tennis <input type="checkbox"/> |
| Girls Football <input type="checkbox"/> | Tennis <input type="checkbox"/> |

Other (Please state) _____

What roles would you like to help with? (Please tick all that apply)

- Attend lunchtime sessions/ take register/ inform teachers of any bad behaviour
- Help with equipment
- Umpire/ referee games
- Promote sessions- give out flyers/ go round form classes
- Help at primary school sport festivals
- Attend local festivals/ events

What time would you prefer to help? (Please tick both options if they both apply)

Lunchtime- 12.30- 1.10pm

After-school 3.30-4.30pm

How will you be able to get younger pupils involved in sport?



sportwales
chwaraeioncymru

Have you helped at any events before e.g. a tournament? If yes, please describe what your role was.

Empty response box for event experience.

Would you be interested in helping at sessions/ clubs outside of school time, in the local community? If yes, what type of sports/ activities?

Empty response box for community interest.

Tell us why you believe you are the ideal person for the role of a 5x60 young leader?

Empty response box for reasons for being an ideal leader.

I am happy to support our son / daughter in their application to become a Young Leader.

Signed: _____ Parent / Guardian Date: _____

Scoring Criteria for P.E Department

Able to inspire young people

1 2 3 4 5 1=agree , 5 =disagree

Ideal person for role

1 2 3 4 5 1=agree , 5 =disagree

Past experience

1 2 3 4 5 1=agree , 5 =disagree

Any other comments on the application...

Helping in community

1 2 3 4 5 1=agree , 5 =disagree