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**TEAM ENGLAND SHORE ANGLING**

**APPLICATION FORM**This application is for consideration as a member of a Team England Shore Angling team(s).

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| **Title:** | **Forename:** | | **Surname:** | | |  |
| **Full Address with Post Code:** | | | | | | **Important Note:**  **Please attach passport sized**  **photo here.** |
| **Email Address:** | | | | **Date of Birth/Age:** | | **Please note**  **no photo – no selection** |
| **Telephone No (landline):** | | **Telephone No (Mobile):** | | | **Name of Club (World Club only)** | |
| **Please circle which team(s) you would like to be considered for:** | | **World Shore:** Masters Pairs Seniors Ladies Youth (u21) Junior (u16)  **Home Shore:** Seniors Ladies Youth (u21) Junior (u16)  **World Club:** Seniors | | | | |
| **Member of which Club(s) :** | | | |  | | |
| **Angling Trust Membership Number : (MUST BE PROVIDED)** | | | |  | | |
| **What forms of shore 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 ailments, illnesses or disabilities (high blood pressure, asthma, diabetics, etc:** | | | |  | | |

**FAILURE TO COMPLETE THIS SECTION WILL RESULT IN YOUR APPLICATION BEING REJECTED**

Provide the following detail for all your competitive angling /casting during the past 12 months, chronologically until tablecomplete (if applicable).

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| **a) Date** | **b) Competition Title** | **c) Venue** | **d) No of zones, if applicable.** | **e) Zone placing / No in zone** | **f) Overall placing / Total number of Competitors.** | **g) How event was the event scored** | **h).Type of Angling** |
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**Detail of past results representing England**

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| **Date** | **Competition** | **Venue** | **Final Placing** | **Comments (Daily results etc)** |
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**Details of any other results you would wish the Selectors to note**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **a) Date** | **b) Competition Title** | **c) Venue** | 1. **No of zones, if applicable.** | **e) Zone placing / No in zone** | **f) Overall placing / Total number of Competitors** | **g) How event was scored** | **h) Type of Angling** |
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| *Have you competed as a member of a team in the last year; if so, name of team(s):* |
| *Have you competed at the particular venue(s the competitions will be held on? if so, please give details:* |
| *Within this space provided, state why you should be selected.* |

Notes:  
1. This application will be photocopied and distributed to all Selectors; therefore, please ensure that you complete the   
 application as legibly as possible.  
2. This is an individual’s application; therefore, there is little point in providing details of ‘team’ results.  
3. Any falsification of information supplied in this application will not be viewed favourably by the Selectors, and may lead to   
 the applicant being disqualified.  
4. You, your nominated referee, or any match organisers may be contacted by any Selector to clarify information provided.  
5. Some favourable consideration may be given to applicants who have competed in AT Competitions/Festivals.  
6. In the event no or limited sponsorship is available, applicants must be prepared to meet all their costs.  
7. In the event of successful applicants obtaining their own sponsorship, the Chairman of the National Team & Competition   
 Group must be informed immediately.  
8. If under 18 years of age, please enclose a signed letter of consent from your parent or guardian.

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| Have you, or are you prepared to purchase, the official clothing/uniform, and will you wear it when required? | Yes | No |
| Sports persons are occasionally subjected to testing for prohibited drugs / banned substances, are you content to undergo such test? | Yes | No |
| There may be times when details of invitation matches are received; do you wish to be contacted for consideration? | Yes | No |
| 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 | Yes | No |

Signature : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Deadline for applications:**

**By no later than 17th December 2021**

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

