|  |  |
| --- | --- |
| **National Federation** |  |
| **NF Contact** |  |
| **E-mail:** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name /details of proposed athlete** | | | | | | |
| Family name: | | First Name: | | | | |
| Date of Birth: | dd mm yyyy | Gender: | Male |  | Female |  |
| Classification |  | | | | | |
| E-mail: |  | | | | | |

|  |  |  |
| --- | --- | --- |
| **Performance(the best time of Swim and Run within 3 months)** | | |
| **Swim** | 100m | 400m |
| mm:ss | mm:ss |
| **Run** | 1,500m | 3,000m |
| mm:ss | mm:ss |

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete - background in sport\*** | | | |
| **How many years have you participated in other sports before starting triathlon?** | | | |
| Sport: |  | Years in sport: |  |
| Sport: |  | Years in sport: |  |
| **How many years have you participated in Triathlon?** | | |  |
| **Current training frequency & volume** | | **Current km’s per week** | **Current Sessions per week** |
| Swim | |  |  |
| Bike | |  |  |
| Run | |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Athlete - Primary sporting achievement\*** | | | |
| **Event** | **Result** | **Date (yyyy)** | **Place** |
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*\* NFs can supplement this information with the athlete’s sporting CV if available*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Athlete - Participation in ITU and/or ASTC Development Projects** | | | | |
| **Have you participated in any ITU or ASTC Development Projects (scholarship, camp, Team ITU)?** | Yes |  | No |  |
| If, yes… please specify. | | | | |
| Project | Where? | | When? | |
|  |  | |  | |
|  |  | |  | |
|  |  | |  | |

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| --- | --- | --- | --- | --- |
| **Optional Attachments**  (will facilitate approval procedure if submitted) | Enclosed | | | |
| 1. Long Term Strategic Plan of the National Federation | Yes |  | No |  |
| 1. Detailed sporting curriculum of athlete | Yes |  | No |  |
| 1. Copy of athlete’s passport | Yes |  | No |  |

Stamp

I, the undersigned, certify that the information provided above is accurate.

|  |  |
| --- | --- |
| (Name, Function and Signature) | (Date) |

|  |
| --- |
| **Please submit the application form to Ki, Wookyong at ki.wookyong@astc.triathlon.org on or before due dates.** |