



**Age Banding Request**

Name of Player ..... Club .....

D.O.B ..... Date you would like player to be eligible .....

Requesting to play in age group/division .....

Requested to be age banded for the season .....

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

Name .....

Address .....  
 .....

Email .....

Telephone .....

Is the player currently in the England Performance Pathway (Satellite, County or Regional)?	Yes ..... (Proceed to Q2) 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/No

Has shown the emotional ability to transition to a higher age band Yes/No

Has the technical and tactical ability to take part at a higher age band Yes/No

Progress has been regularly monitored Yes/No

The Team Coach has discussed this application with the player, clubs safeguarding officer and the players parent(s)/guardian(s)

Yes/No

**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