YEAR 7 2017

The aim of the program is to develop skills, attitudes and knowledge in students that will enable them to compete successfully in basketball at the highest levels.

- Develop individual skills
- Develop team skills
- Develop skills in refereeing, coaching and statistical analysis
- Provide opportunity to participate in state, national and international competitions
- Conduct basketball related fitness testing and develop programs to improve individual fitness levels
- Video analysis of individual skill performance and team structures
- Understand the physiological and skill requirements for basketball at an elite level
- Undertake Sports Medicine Australia training programs including first aid and injury prevention and management
- Provide information relating to diet and nutrition.

APPLICANTS SHOULD BE AWARE THAT THE FOCUS OF THE COURSE IS ON DEVELOPING AND IMPROVING INDIVIDUAL SKILLS AND FUNDAMENTALS.

COACHING STAFF

Kelvin Browner - Program Coordinator
- National Wheelchair Basketball Association “Coach of the Year” 2013
- Wheelchair Sports WA “Coach of the Year” 2013
- NCAS Coaching Accreditation: Association coach
- School Sport WA Basketball Sports Coordinator
- Team (Gold Medal Beijing Paralympics 2008, Bronze Medal Amsterdam World Cup 2006 and Silver Medal - Athens Paralympics 2004)
- Head Coach Perth Wheelcats (NWBL)
- Level 3 Classroom Teacher
- Member of Basketball WA Coaches Association

Leigh Burns
- Level 1 Basketball Coach and Umpire
- ATAR PES Basketball Practical Exam marker for 2010 – 2015
- SSWA Senior Boys and Girls Basketball Manager 2005 – PSG Melbourne
- SSWA Senior Boys Basketball Manager 2006
- SBL player Willetton Tigers and Captain of Tigers Division 1, Cockburn Cougars Division 1
- Private Basketball coach at high schools for ATAR practical exam revision and Basketball upper school PES classes.

Danielle Priestly
- NCAS Coaching accreditation: Club coach
- 2010 Gold Medal Coach – Second annual Asia Pacific Youth Cup Singapore
- 2009 Gold Medal coach Australian Schools Championships, Newcastle
- Willetton Basketball WABL coach
- Willetton Basketball WSBL player
- State Schools’ representative.
Jessica Cameron
- WACE Basketball coach and trainer 2015
- Level 1 sports trainer 2014
- St Marys Anglican Girls School Junior GSSA Basketball Championship coach 2013
- WA State team representative at national Championships 2007 – 2011
- South-West Academy of Sport Scholarship recipient 2008 – 2011
- South-West Slammers representative at WABL and SBL level 2005 – 2011

GUEST COACHING STAFF
Throughout the year guest coaches may be invited into the school to impart their knowledge, skill and expertise to the players.

COURSE FEES
Course charges are required for match costs, equipment and some travel. An additional fee for the purchase of a training strip is required. Course costs will be itemised as will any other extras such as tours and specific excursions.

SELECTION PROCEDURE
Prospective students are required to submit a written application to the Basketball Program Coordinator. (Please use the three forms attached.)

After submitting their applications (Application Form, Player Profile and Student Questionnaire), successful applicants will be required to attend selection trials at Woodvale Secondary College Sports Centre.

STUDENTS CAN ONLY ENROL IN ONE SPECIALIST PROGRAM ONCE ACCEPTED.

PLEASE NOTE APPLICATIONS MUST INCLUDE:
- Basketball Specialist Program application form
- Player profile completed by club coach, classroom or Physical Education teacher
- Student questionnaire completed by applicant
- Application for enrolment form 2017 complete with all supporting documentation*
- Copies of last year’s Semester 1 and 2 school reports must be submitted with application forms.

*If residing outside of Perth metropolitan area and posting in application, certified copies of proof of residency must be submitted.

The steps in the selection process will be:
- Check of school academic record
- Check of school performance including Attitude/Behaviour Effort domains and report comments
- Invitation to selection trials
- Further checking of suitability for program if required
- Offer of a position in the Program subject to conditions set out by the College and signing of a contract.

Once selected into the Program, successful applicants may be asked to leave the program if any of the following occur:
- The student requests the opportunity to leave
- The student fails to honour the conditions of the contract.

ENQUIRIES
Ph: 9309 0808 or email: Woodvale.sc@education.wa.edu.au

Completed applications for the program close on Monday 9 May 2016 and are to be submitted in person. Postal applications will not be accepted unless applicant resides outside of the Perth metropolitan area.

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Successful applicants will be required to attend selection trials on Thursday 9 June 9:00am – 11:00am at Woodvale Secondary College Sports Centre.

Please note that no acknowledgement will be sent by the school on receipt of your application.
Year 7 Application Form 2017

Name: ____________________________________________________________
  (Surname)   (First name)

Age: _________ Date of birth: ____/____/____ Male / Female: ____________

Current school: _____________________________________________________

Parent name(s): _____________________________________________________

Address: ____________________________________________________________

____________________________________________________________________

P code: ____________

Phone: (Home) ________________ (Work) ________________

(Mobile) ________________ (Email) ________________

Student Signature: ____________________________________________

Parent/Caregiver Signature: ____________________________ Date: _________

Applications for the program close on: Monday 9 May 2016

INCOMPLETE OR LATE APPLICATIONS WILL NOT BE ACCEPTED

Successful applicants will be required to attend selection trials on:
Thursday 9 June 2016, 9:00am – 11:00am at Woodvale Secondary College Sports Centre

Please note that no acknowledgement will be sent by the school on receipt of your application.

OFFICE: Date Rec’d: _____ Enrolment app ☐ Referees ☐ Reports ☐ Photo ☐
# Player Profile
(To be completed by Club Coach, Classroom Teacher or Physical Education Teacher)

Name: ________________________________________________________________

Position preferred / played: ____________________________________________

Club representation: __________________________________________________

Representative teams: _________________________________________________

Years playing competitive basketball: ___________________________________

Refereeing experience (if any): _________________________________________

Coach’s comments (Coach - could you please comment on this player's ability by completing the checklist below)
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

<table>
<thead>
<tr>
<th>CATEGORIES</th>
<th>EXCELLENT</th>
<th>ABOVE AVERAGE</th>
<th>AVERAGE</th>
<th>NEEDS WORK</th>
<th>NOT APPLICABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understanding of rules</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual offensive skills</td>
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<tr>
<td>Individual defensive skills</td>
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<td></td>
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<tr>
<td>Team skills / game play</td>
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</tr>
<tr>
<td>Understanding of game</td>
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<tr>
<td>Refereeing ability</td>
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</tr>
<tr>
<td>Ability to score a game</td>
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</tbody>
</table>
Student Questionnaire
[This section to be completed by the applicant]

Name: ____________________________  Male / Female (circle)

Last club played for and year: ________________________________________________

Age group: ________________  Height (cm): ________________

What is your preferred position?: ______________________________________________

Have you played for a WABL or state Basketball team before?  (When, who for?)

___________________________________________________________________________

___________________________________________________________________________

Why do you want to join the Basketball Program at Woodvale Secondary College?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

Where did you hear about the program?

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

What other sports do you participate in?

___________________________________________________________________________

___________________________________________________________________________
APPLICATION FOR ENROLMENT FORM 2017
(For enrolment in a Western Australian Public School)

Students in the compulsory years of schooling who are already enrolled at the school do not need to lodge a new application for that school each year.

DECLARATION

The information and statements provided in this application for enrolment are true and accurate in relation to:

Name of child: _____________________________________________________________

Name of person enrolling child:
Title: ______ 1st Name: _____________ 2nd Name: _____________ Surname: ______________________

Relationship to child: ________________________________
(Independent Minors and those aged 18 years or older may apply on their own behalf)

Tel (H): _____________ Tel (W): _____________ Mobile: ______________________

Signature: __________________________ Date: ________/_______/_____

NOTE: Children may be enrolled in Kindergarten in one school only, either public or private.
NOTE: In the event that statements made in this application later prove to be false or misleading, a decision on this application may be reversed. Information supplied may need to be checked by the school.

DOCUMENTS TO BE PROVIDED

Checklist:

Please place an "X" in the box □ to indicate each document attached (or sighted) to this application form.

1. Birth Certificate (original or certified copy) or extract or other identity documents …………………… □ if applicable. (Principals will refer to guidance 3.5.1 of the Enrolment Procedures where evidence is not provided).

2. ‘Immunisation Certificate’ ………………………………………………………………………………………………… □

3. Copies of Family Court or any other court orders (if applicable) ……………………………………………… □

4. Proof of address (see Requested documentation in the attached Parent information) ……………… □

5. Information relating to suspensions or exclusions ……………………………………………………………… □

6. Information relating to disability ………………………………………………………………………………………... □

If your child was not born in Australia, you must provide evidence of:

1. Date of entry into Australia …………………………………………………………………………………………………… □

2. Passport or travel documents …………………………………………………………………………………………………… □

3. Current visa subclass and previous visa subclass (if applicable) ………………………………………………………… □

If your child is a temporary visa holder, you must also provide:

Confirmation of enrolment or evidence of any permission to transfer ……………………………………………… □
provided by Education and Training International (ETI) email: study.eti@dtwd.wa.gov.au
(if holding an International full fee student visa, sub class 571);

or

Evidence of the visa for which the student has applied if the student holds a bridging visa …… □
**PERSONAL DETAILS (PLEASE PRINT ALL DETAILS BELOW)**

<table>
<thead>
<tr>
<th>Child’s surname</th>
<th>Given names:</th>
<th>Date of birth:</th>
<th>Sex (M / F):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Legal (if different):</th>
<th>Surname of parent/responsible person:</th>
<th>Given names:</th>
<th>Mr / Mrs / Ms / Other:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Residential Address (must be completed):</th>
<th>Nearest intersecting street:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Postal Address (if different from residential address):</th>
<th>Postcode:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone (Home):</th>
<th>Mobile Phone No:</th>
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</thead>
</table>

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<thead>
<tr>
<th>Work (if convenient):</th>
<th>Email:</th>
</tr>
</thead>
</table>

- Are there any Family Court Orders regarding the day to day or long term care, welfare and development of the child? □ YES □ NO
- Is the child subject to access restriction? If yes, please specify and attach supporting documentation. □ YES □ NO

**Year Level:**
- Start date: Beginning of school year 20____ □ YES □ NO. If NO, indicate start date: ________________
- If applicable, year level child currently enrolled in (e.g. Year 7):

<table>
<thead>
<tr>
<th>If applicable, name of school at which the child is currently or was last enrolled:</th>
</tr>
</thead>
</table>

- Are you applying to enrol in a specialist program at this school? □ YES □ NO
- Will there be any brothers or sisters attending this school? □ YES □ NO

- Is your child currently under suspension from a school? □ YES □ NO
- Has your child ever been excluded from a school? □ YES □ NO

- Is your child a permanent resident of Australia? □ YES □ NO
- If NO, please indicate date entered Australia: ________________ Visa Sub Class No.: ____________

- Does your child have a disability/medical condition? *This information will assist the school principal with considering whether any specific or additional resources are required and available to assist the school with providing the best educational program for your child.* Please indicate whether:
  - □ Physical
  - □ Intellectual
  - □ Other medical condition/s
- Please outline nature of disability/medical condition/s (or attach details).

**Application for Enrolment approved: __________________________ (signature of Principal) __/__/____ (date)**