

MINISTRY OF YOUTH EMPOWERMENT, SPORTS AND RECREATION

HIGH LEVEL SPORTS UNIT

HIGH LEVEL SPORTS ASSISTANCE SCHEME

Application Form - 2023

SPORT:

Applicant's Personal Information

1. Title (*Mr. /Mrs. /Miss/Ms.*):
2. Surname:
3. Other Names:
4. Date of Birth: Age:
5. National Identity Card Number:
6. Passport Number:
7. Residential Address:
8. Telephone No. (*Residence*): Mobile:
9. Email Address:
10. Marital Status (*Single/Married/Divorced*):
11. Profession:
12. Employer/Institution attending:
(*If student*)
13. Highest Academic Qualification (*CPE/SC/HSC/Degree/Others/etc.*):
(*If student, state present class attending*)

Athletes who are Abroad

1. Purpose (*Resident/Work/Study/Training Course/Others*):
2. Complete Address (*Abroad*):
3. Telephone No. (*Abroad*):

Bank Account Details

1. Name of Bank:
2. Address:
3. Account Number:

Are you a beneficiary of any other financial assistance? (E.g., TFES*, MOC* or Olympic Solidarity, FFPO*, other sources, etc.)

Yes No If yes, do complete below:

1. Name of Body:
2. Monthly assistance/allowance:
3. Period of assistance:

* TFES - Trust Fund for Excellence in Sports
 * MOC - Mauritius Olympic Committee
 * FFPO - Fonds Francophone pour la Préparation Olympique

Technical Details

1. Place of training:
2. Number of training sessions per week:
3. Days and time of training (complete table below)

DAYS (Tick \checkmark)		Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
TIME (From/ To)	Morning	..... to .....	..... to .....	..... to .....	..... to .....	..... to .....	..... to .....	..... to
	Afternoon	..... to .....	..... to .....	..... to .....	..... to .....	..... to .....	..... to .....	..... to
VENUE								

Coach Details

1. Name of Coach:
2. Telephone Number:
3. Email Address:
4. Occupation:

Personal Sports Event/s or Weight Category:

(i):

(ii):

(iii):

Personal Best Performance in the event/s or weight category

SN	EVENT/ WEIGHT CATEGORY	PERFORMANCE/ PLACE/ RESULT	MEDAL	NAME OF COMPETITION	DATE OF COMPETITION	VENUE OF COMPETITION
1.						

Date of last Medical Examination:

Examining Body:

Targets* of the athlete

YEAR	COMPETITION	EVENT/ WEIGHT CATEGORY	OBJECTIVE	
			PERFORMANCE/ PLACE	MEDAL/RANKING/ FINALIST/ETC.
2023				
2024				
2025				
2026				

**** The targets should not be below the Personal Best Performance of the athlete.***

Signature of athlete

Signature of representative of Federation

Signature of Coach

Name of Signatory

Seal of Federation

Date:

(For Office Use)

1. Comments of the HLSU Board:

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2. Recommendation of the HLSU Board:

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Signature of HLSU Secretary:

Date: