

## Athlete Leadership Programme Athlete Leader Nomination Form 2023

Please print clearly or type all the information that is requested under each heading. You must complete all sections for your nomination to be considered.

#### Please note:

- Athletes are required to complete (with support where required) sections 1 and 2 of this form.
- A **parent/guardian/support person** is required to complete sections 3, 4 and 5 of this form.
- o The athletes **mentor** is required to complete section 6 and the **club** section 7
- It is anticipated that any athlete seeking to join the national Athlete Leadership Programme in 2023 will already hold an athlete leadership role within their club and/or club committee.
- o Interviews with athletes will be conducted week of Monday 27 February via Zoom and we would expect these to take approximately 15 20 minutes.
- Nominations must be supported by the athlete's club committee and this form must be signed by the Club Chairperson.

Please return completed and signed form by 4.00pm Friday 17 February to:

#### Catherine

funding@specialolympics.org.nz

#### **1. Athlete Details** (Athletes to complete, with support if required)

Full name:			
First		Surname	
Date of birth:	Gender: 🗆 Female	∐ Male	
Special Olympics Club:			
Phone :			
Email:			
Parent/key support person name:			
Phone :			
Email:			
Where do you live? (Tick what applies)	☐ At home with family	☐ In a supported home/flat	☐ Flat independently
Other contact who needs to be kept in	nformed:		
Name:			
Phone:			
<del>,</del>			
Email:			

#### 2. Athlete Profile

### Part 1: Video Please complete a short video answering the below questions, this can be sent through to us either via email or to the SONZ Facebook page (If you send it to the SONZ Facebook page please say that it is for your athlete leadership programme application) In the video please answer the below questions: You Name, Club and what Sports you do How has Special Olympics changed your life? Why would you like to become an Athlete Leader for Special Olympics New Zealand? What would you like to achieve if you were selected as an Athlete Leader? Part 2: Written Please write the answers to be below questions on this form, this should be written by the athlete with assistance if required How long have you participated in Special Olympics? How did you become involved in Special Olympics? Give a brief description of your history with Special Olympics (for example, your sports participation and achievements, club and community involvement). Other than Special Olympics, describe any other activities or community service that you have been involved in (for example, leadership skills, public speaking, serving on committees, volunteer work). How do you feel about speaking in front of groups of people? Any additional comments

#### 3. Communication/Interaction with Others (Parent/caregiver/support person to complete)

Conversation:	☐ Can converse easily ☐ Brief / short conversations ☐ Makes needs known ☐ Converses by signing ☐ Descends to guestions ☐ Descends ☐ Descends To guestions ☐ Descends ☐ D			
Details:	☐ Converses by signing ☐ Responds to questions ☐ Does not start conversations			
Speech:	□ Can communicate easily □ Uses short phrases       □ Uses single words         □ Uses signing       □ Uses gestures         □ No verbal language       □ Uses communication device       □ Difficulty in putting things in words			
Details:				
Understanding	:   No problem understanding what is said Understands most of what is said Understands simple instructions Needs to be spoken to slowly  Able to lip read Needs to be signed to Need to check that instructions are understood / repeated individually			
Details:				
Interaction with	others: (Please provide information on each of the following)			
Is the athlete ea	sily led by others?			
Does the athlete	e lead others?			
How does the at	chlete relate to others? (Other athletes, new people etc.)			
How does the athlete communicate with their coach if they are upset or worried about something? What are the signs to look for in this type of situation?				
Coping with noise and busy airports/city hustle and bustle:				
Any other comments you wish to make about the athlete's interaction with others and how they may cope in a team environment?				

#### **4. Social Behaviour / Habits** (Parent/caregiver/support person to complete)

Social behaviour: (Plea	ase tick if <u>any</u> of the following apply to	the athlete)	
	$\square$ Has mood swings	☐ Self abuses	☐ Temper tantrums
	□ Runs away	$\square$ Hits / kicks others	☐ Verbally abuses others
	☐ Stubborn	□ Overly fearful	☐ Teases others
	$\square$ Aloof from others	☐ Immature for age	☐ Cries often
	☐ Sexually irresponsible	☐ Sexually inappropriate	☐ Needs close supervision
O.I.	☐ Not cautious enough		
Other:			
	of the above items, what is the best w	yay to avoid this occurring, dealing	with the behaviour and the
supervision required?			
Please detail anything	the athlete is fearful or unhappy with:	:	
How well does the ath	nlete handle changes in routine / new f	aces / new rules and sudden chang	ges of plan?
How has the athlete o	oped with Covid-19 and the uncertaint	rias?	
now has the atmete e	oped with covid 15 and the directions	iics:	
Has the athlete heen h	homesick before? If so, how was this d	ealt with?	
rias tile attilete beeli i	Tomesick before: It so, flow was this di	eart with:	
Other social factors to	be aware of?		
6 1101 111	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Zealand is a smoke free organisation and here to this during the programme	and the athlete leadership program	ime is a smokefree programme. Is
ше аспесе парру то а	adhere to this during the programme		
Yes/No			
,			

# Please provide information around how much travel the athlete has done around New Zealand and whether it has been alone or with others? (Athlete leaders will need to travel to Wellington and Auckland for workshops so will need to be comfortable travelling on their own, pick-up and drop off will be arranged before and after the workshop so athletes don't need to be familiar with the airports)

**5. Travel Experience / Environmental Factors** (Parent/caregiver/support person to complete)

#### 6. Athlete Mentor to complete

Full name:	First			
			Surname	_
				-
Contact Pho	ne No	Email:		_
Relationship	to athlete:			
Describe ho	w you see your role as a	mentor?		
How can yo	u support the athlete?			
How will yo	u connect with the athle	te between workshops?		
	e to attending the first and ? (The cost of flights are		e session that will be held in Wellington in	Term
Mentor Sigr	ature			

#### 7. Club to complete

How many active Athlete Leaders does your club currently have?
What leadership activities do your current Athlete Leaders have within your club and the community?
How do you see a new Athlete Leader fitting into this?
Once the 2023 Athlete Leaders finish the Athlete Leadership Programme we want to know that they will be able to continue to grow and develop, what will your club do to facilitate this?

#### 8. Summary and Signatures

Any additional information not already recorded that will nomination:	assist when considering this athlete's		
I understand that I am being nominated for the Athlete L being submitted to support my nomination.	eadership Programme and agree to this form		
Athlete (Name)	Signature		
If the nominated athlete is under 18 years of age:  I consent to the named athlete being nominated for the Athlete Leadership Programme.			
Parent/Caregiver/Legal Guardian (Name)	Signature		
We have read the nomination form and accompanying information and are confident this Athlete will be an excellent representative of the Special Olympics New Zealand Athlete Leadership Programme as an Athlete Leader and meets the selection requirements.			
We understand that in 2023 the mentor is required to at travel costs associated with this.	tend the first workshop and agree to cover the		
Club Chairperson (Name)	Signature		