



BRITISH
JUDO



DISE

EXPRESSION OF INTEREST FORM

This form will be used to assess the athlete's eligibility for the Diploma in Sporting Excellence (DISE) programme. Please complete and emailed to: DISE@britishjudo.org.uk

ATHLETE	
Name:	Date of Birth:
Address:	Email Address:
	Telephone Number:
Post Code:	
Club:	Mobile Number:
Are you a member of the following squads (tick as appropriate): ETD REDS	
Coach Name:	
Coach Telephone Number:	
Coach Email Address:	
Grade:	BJA Licence Number:

PARENT/GUARDIAN	
Full Name of Parent/Guardian:	Relationship:
Home Address:	Contact Telephone Number:
Post Code:	

EDUCATION	
School/College:	Head Teacher:
Address:	Head of Year:
Post Code:	

PROPOSED POST-16 EDUCATION:

School/College:	State/Private:
Address:	
Post Code:	

QUALIFICATIONS

From	To	Subject and Level	Examinations taken or to be taken	Results/ Grades	Date Gained
Mth/Yr	Mth/Yr				
/	/	Maths GCSE			/
/	/	English GCSE			/
/	/				/
/	/				/
/	/				/
/	/				/
/	/				/
/	/				/
Please continue on a separate sheet if necessary					

DISE Providers

Location:	Please tick:
Camberley Judo Club	
Kendal Judo Club	
Redbridge Judo Club	
University of Bath	
University of Wolverhampton (Walsall Campus)	

Judoka Signature:

Date:

Full name of Parent or Guardian (If under 18):

Signature:

Date: