

Cross Country Competition Application Form

Please Attach
Photo Here

Instructions to applicants

1.If you are under 18 at the time of making this application, this form must be signed by your parent or guardian.

2.By participating this competition, participants consent to the Organiser's use of their personal information in accordance with the terms and conditions of the competition and also agree to the General Data Protection Regulation (GDPR). °

3.Please complete all sections of the form. Please write clearly and in block capitals.

PERSONAL DETAILS

Title (Mr., Ms., Mrs.):

Family Name: First Name(s) (in full):

Gender:

National ID: ID Number:

Date of Birth (day / month / year): Age:

Nationality: Country of birth:

Country of Residence:

Home Mailing Address:

Email Address: Phone Number:

Mother Tongue (Main Language Spoken):



EDUCATION AND QUALIFICATIONS

Please give details of secondary/ high school education

Current year of study / Grade level:

Name of school:

Declaration

Declaration by the student

I confirm—to the best of my knowledge— that all of the information that I have provided in this application form is correct. I understand that I will be submitting an application for the **Cross Country Competition** under the IBE Alliance.

Name of Student (in full): _____

Signature: _____ Date: _____

Declaration by the parent / guardian

If the applicant is under the age of 18 at the time of submitting this application, I (the applicant's parent and/or guardian) consent to my son / daughter applying for the **Cross Country Competition** under the IBE Alliance.

Name of Parent / Guardian (in full): _____

Contact Number: _____ Email: _____

Signature: _____ Date: _____

Please return the completed Application Form to your school teacher /IBE Alliance counsellor.