

# PLAYER QUESTIONNAIRE TO BE FULLY COMPLETED & RETURNED



## PERSONAL INFORMATION

FIRST NAME	_____	LAST NAME	_____		
DATE OF BIRTH	___ / ___ / _____	COUNTRY OF BIRTH	_____		
RELIGION	_____	NATIONALITY	_____		
ADDRESS (STREET)	_____	EMAIL ADDRESS	_____		
(SUBURB)	_____	HOME PHONE	( ___ ) _____		
(CITY)	_____	MOBILE	( ___ ) _____		
DRIVERS LICENCE #	_____	LEVEL:	NONE    LEARNERS    RESTRICTED    FULL		
BANK ACC #	_____	IRD #	_____		
PASSPORT NAME & NUMBER:	_____				
HEIGHT: _____ CM	OR	_____ FT & _____ INCHES	WEIGHT: _____ KG		
SMOKER:	NO	NOT REALLY	SOMETIMES	OFTEN	ALWAYS HEAVY
DRINKER:	NO	NOT REALLY	SOMETIMES	OFTEN	ALWAYS HEAVY

## EDUCATION

HIGHEST LEVEL OF EDUCATION OBTAINED \_\_\_\_\_

SECONDARY SCHOOL ATTENDED \_\_\_\_\_

ACHIEVEMENTS \_\_\_\_\_  
\_\_\_\_\_

LAST YEAR ATTENDING SECONDARY SCHOOL \_\_\_\_\_  
OTHER SECONDARY SCHOOL \_\_\_\_\_  
ACHIEVEMENTS \_\_\_\_\_  
\_\_\_\_\_

OTHER ACADEMIC ACHIEVEMENTS \_\_\_\_\_  
\_\_\_\_\_

**RUGBY LEAGUE HISTORY**

CURRENT CLUB \_\_\_\_\_

POSITIONS PLAYED \_\_\_\_\_

GOAL KICKER?      YES      NO  
IF YES, ACCURACY %AGE:

PREFERRED POSITION \_\_\_\_\_

ACHIEVEMENTS IN  
RUGBY LEAGUE \_\_\_\_\_

PLAYING REFEREE:  
NAME/TEAM/ NUMBER \_\_\_\_\_

PLAYING REFEREE:  
NAME/TEAM/ NUMBER \_\_\_\_\_

**REPRESENTATIVE TEAM HONOURS**

1<sup>ST</sup> REPRESENTATIVE TEAM \_\_\_\_\_

POSITION PLAYED \_\_\_\_\_

YEAR \_\_\_\_\_

2<sup>ND</sup> REPRESENTATIVE TEAM \_\_\_\_\_

POSITION PLAYED \_\_\_\_\_

YEAR \_\_\_\_\_

**MEDICAL / PHYSICAL CONDITIONS**

ARE YOU ON ANY MEDICATIONS    YES / NO

DO YOU HAVE ANY MENDICAL CONDITIONS    YES / NO

PLEASE LIST MEDICATION /MEDICAL CONDITIONS HERE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INJURY HISTORY

1) INJURY TO: \_\_\_\_\_ REHAB PERIOD TO RECOVER \_\_\_\_\_

TREATMENT RECEIVED \_\_\_\_\_

2) INJURY TO: \_\_\_\_\_ REHAB PERIOD TO RECOVER \_\_\_\_\_

TREATMENT RECEIVED \_\_\_\_\_

## ATTITUDE & SKILL ANALYSIS

WHAT ARE YOUR STRENGTHS?

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WHAT ARE YOUR WEAKNESSES?

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WHO IS THE NRL PLAYER YOU RESEMBLE THE MOST, AND WHY?

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WHAT ARE YOUR PERSONAL GOALS?

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WHAT ARE YOUR PERSONAL INTERESTS & HOBBIES?

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**EMPLOYMENT HISTORY**

COMPANY EMPLOYED BY \_\_\_\_\_

EMPLOYED FOR HOW LONG \_\_\_\_\_

JOB TITLE/JOB DESCRIPTION \_\_\_\_\_

SKILLS LEARNT \_\_\_\_\_

REFEEREE NAME/ CONTACT  
NUMBER/ JOB TITLE \_\_\_\_\_

COMPANY EMPLOYED BY \_\_\_\_\_

EMPLOYED FOR HOW LONG \_\_\_\_\_

JOB TITLE/JOB DESCRIPTION \_\_\_\_\_

SKILLS LEARNT \_\_\_\_\_

REFEEREE NAME/ CONTACT  
NUMBER/ JOB TITLE \_\_\_\_\_

**CRIMINAL HISTORY**

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES / NO

IF YES, PLEASE STATE:

**EMERGENCY CONTACT DETAILS**

NAME

RELATIONSHIP:

ADDRESS: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

I HERE BY DECLARE THAT ALL INFORMATION IS TRUE AND ACCURATE

SIGNATURE

DATE

PLEASE RETURN FULLY COMPLETED QUESTIONNAIRE TO 4/37 MICHAELS AVENUE, ELLERSLIE. AUCKLAND 1051  
ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL AND IS PROTECTED BY THE PRIVACY ACT 1993