

ATHLETE LEADERSHIP PROGRAMME

The annual Athlete Leadership Programme is open to aspiring Special Olympics athletes and aims to build confidence and leadership skills and the capabilities needed for athletes to become leaders within their Clubs and communities.

Places are limited and applications will be considered against the following factors:

- **Active Club involvement** - Nominated athletes should be actively involved in their Special Olympics Club year-round, whether as an athlete, coach or official. They should be familiar with their Club's programmes and competitions and ideally already be involved in Club activities or committees. Athletes should have demonstrated leadership potential and be ready to take the next step in their development.
- **Communication skills** - Athletes should be able to communicate effectively, with good expressive and receptive language skills. A key part of the programme is learning how to develop, write and confidently present a speech, as well as communicate ideas and experiences with others.
- **Social and leadership skills** - Athletes should demonstrate positive social behaviours, including the ability to get along with others, be dependable, polite and positive, demonstrate good sportsmanship, and show a willingness to help and motivate others.
- **Commitment to the programme** - Athletes will be required to travel to Wellington for a number of full-day sessions. The first session will be attended with their mentor, with athletes progressively developing the confidence and skills to travel independently as part of their programme.
- **Overnight stay** - One programme session will involve an overnight stay away from home. Clubs should therefore nominate athletes who they are confident will be able to manage the travel, participate fully in the programme and successfully navigate an overnight stay away from their usual support network.
- **Dedicated mentor** - Each athlete must have a dedicated mentor who is committed to supporting them throughout the full programme. The mentor will play an important role in supporting the athlete's development, completing home-based activities, and helping them to continue to push themselves, take on new challenges and celebrate their achievements.
- **Genuine interest and motivation** - Above all, the greatest indicator of an athlete's readiness for the Athlete Leadership Programme is their **genuine interest and enthusiasm**. Athletes who are excited about developing their skills, having their voice heard and becoming a leader in their Club and community are encouraged to apply.

The 2027 Programme will consist of four in person workshops in Wellington for athletes (travel covered by SONZ) with the proposed dates being in April, June, August, and October 2027. Confirmation of dates and further information will be provided later to successful applicants.

Athlete Leader Nomination Form

Please print clearly or type all the information under each heading

- This form needs to be completed as follows:
 - **Section 1 and 2** Completed by **Athletes** (with support where required)
 - **Section 3, 4 & 5** Completed by **Parent/Guardian/Support person**
 - **Section 6** Completed by **Mentor**
 - **Section 7** Completed by **Special Olympic Club**
- It is anticipated that any athlete seeking to join the national Athlete Leadership Programme in 2027 will already hold an athlete leadership role within their club and/or club committee or is an aspiring athlete that has demonstrated leadership potential
- Interviews with athletes and mentors together will be conducted from 26th October to 6th November 2026 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 **Monday 12 October 2026 to:**

Leadership@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

Full name: _____
First Surname

Phone: _____

Email: _____

Where do you live? (Tick which one applies to you)

☐ At home with family ☐ In a supported home/flat ☐ Flat independently

Other contact who needs to be kept informed:

Full name: _____
First Surname

Phone: _____

Email: _____

PART 1: VIDEO

Please complete a short video answering the below questions and send via email with your 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 be a part of the Athlete Leadership Programme?**
- **What would you like to achieve if you were selected onto the Programme?**

Please send this to Leadership@specialolympics.org.nz

PART 2: WRITTEN

Please write the answers to below questions - written by the athlete with assistance if required.

How long have you participated in Special Olympics?

How did you become involved in Special Olympics?

2. **ATHLETE PROFILE** *(Athletes to complete, with support if required)*

Give a brief description of your history with Special Olympics (eg. 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 (eg. leadership skills, public speaking, serving on committees, volunteer work).

How do you feel about speaking in front of groups of people?

Any additional comments

If employed, where do you work and what is the nature of the job?

3. COMMUNICATION/INTERACTION WITH OTHERS

(Parent/caregiver/support person to complete)

Conversation:

- | | | |
|---|--|---|
| ☐ Can converse easily | ☐ Brief / short conversations | ☐ Makes needs known |
| ☐ Converses by signing | ☐ Responds to questions | ☐ Does not start conversations |

Any comments: _____

Speech:

- | | | |
|---|--|--|
| ☐ Can communicate easily | ☐ Uses short phrases | ☐ Uses single words |
| ☐ Uses signing | ☐ Uses gestures | ☐ Speech not always clear |
| ☐ No verbal language | ☐ Uses communication device | ☐ Difficulty in putting things in Words |

Any comments: _____

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 | |

Any comments: _____

Interaction with others: (Please provide information on each of the following)

Is the athlete easily led by others?

Does the athlete lead others?

How does the athlete 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: (Please tick if any of the following apply to the athlete)

- | | | |
|---|---|--|
| ☐ Has mood swings | ☐ Self abuses | ☐ Temper tantrums |
| ☐ Runs away | ☐ Hits / kicks others | ☐ Verbally abuses others |
| ☐ Stubborn | ☐ Overly fearful | ☐ Teases others |
| ☐ Aloof from others | ☐ Immature for age | ☐ Cries often |
| ☐ Sexually irresponsible | ☐ Sexually inappropriate | ☐ Needs close supervision |
| ☐ Not cautious enough | | |

If you have ticked any of the above items, what is the best way to avoid this occurring, dealing with the behaviour and what is the supervision required?

Please detail anything the athlete is fearful or unhappy with:

How well does the athlete handle changes in routine/new faces/new rules and sudden changes of plan?

Has the athlete been homesick before? If so, how was this dealt with?

Other social factors to be aware of?

Special Olympics NZ is a smoke and vape free organisation and the athlete leadership programme is a smoke and vape free programme. Is the athlete happy to adhere to this during the programme

Yes / No

5. TRAVEL EXPERIENCE / ENVIRONMENTAL FACTORS

(Parent/caregiver/support person to complete)

Please provide information around how much travel the athlete has done around New Zealand and whether they have travelled alone or with others? (Athlete leaders will need to travel to Wellington 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)

6. ATHLETE MENTOR TO COMPLETE

(see ALPs Nomination Information Sheet)

Full name: _____
First Middle Surname

Address: _____

Contact Phone No. _____ **Email:** _____

Relationship to athlete: _____

Describe how you see your role as a mentor

How can you support the athlete?

How will you connect with the athlete between workshops?

Please sign if you agree to attending the first athlete leadership programme session that will be held in Wellington in Term One of 2026? (Special Olympics New Zealand will cover the cost of flights)

Mentor Signature: _____

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 2026 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 assist when considering this athlete's nomination:

I understand that I am being nominated for the Athlete Leadership Programme and agree to this form being submitted to support my nomination.

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 2027 the mentor is required to attend the first workshop.

Club Chairperson (Name)

Signature