



**ITF Wheelchair Tennis**  
**Election of the Player Council – Term 2021-2022**  
**Self-Nomination Form**



This nomination form must be completed and submitted by the nominee.

The nomination must be endorsed and this form signed by the President, General Secretary or appropriate wheelchair tennis authorised signatory of the nominee's National Tennis Association.

**Completed nomination forms must be sent to [wheelchair@itftennis.com](mailto:wheelchair@itftennis.com) by no later than **Monday 23 November 2020**.**

*Council Category definitions:*

*Current Player: A Current Player is defined as having a 2020 IPIN membership and a current ITF wheelchair tennis ranking*

*Former Player: A Former Player is defined as a player who has not competed in any ITF sanctioned tournaments in the last two (2) years and/or has officially retired with the ITF. They must have previously competed in one or more of the Paralympics, BNP Paribas World Team Cup, UNIQLO Doubles Masters or NEC Singles Masters*

*Coach: A Coach is defined as holding a national coaching qualification, and must have coached or be coaching a player within the top 100 men or top 50 Women or Quads on the ITF Singles Ranking*

Name:	Nation:
Category on Council: (Current Player / Former Player / Coach)	Date of Birth:
<b>Current Player nomination ONLY</b>	
Division (Open / Quad):	Current ITF Singles Ranking :
<b>Former Player nomination ONLY</b>	
Career high ITF Singles Ranking:	Career high ITF Doubles Ranking:
Year(s) of BNP Paribas World Team Cup/Paralympics/UNIQLO Doubles or NEC Singles Masters appearances:	Division (Open / Quad):
<b>Coach nomination ONLY</b>	
Please list players (including their division and highest ranking) that you have coached or are currently coaching:	

**Declarations** (Please check all boxes as relevant):

- I agree to abide by the ITF Wheelchair Tennis Player Council Terms of Reference.
- I am aware that I will need sign the ITF Conflict of Interest Declaration Form (ITF Declaration) in order to be part of the Council.
- I certify that I am in good standing with my National Tennis Federation.
- I consent to the details contained herein and on my ITF website profile to be used and published by ITF as part of this election process

Player Name:	Signature:	Date:
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**For National Association:**

Name:	National Association Stamp
Position	
Signature	Date

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Processing Personal Data

*In submitting this form, you are providing personal data to the ITF for the purposes of the Wheelchair Tennis Player Council election process. For more information about how the ITF processes your personal data for this purpose, please see our Privacy Notice [here](#).*