**ITF Wheelchair Tennis**

**Election of the Player Council – Term 2025-2026**

**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** **by no later than Thursday 13 February 2025 at 12:00 UK time.**

*Council Category definitions:*

Current Player: *A Current Player is defined as having a 2024 IPIN membership and a 2024 year-end top-30 ITF wheelchair tennis ranking. They must be a minimum of 18 years old and in good standing with the ITF, meaning:*

1. *not currently suspended or otherwise ineligible to participate in the ITF Wheelchair Tennis Tour pursuant to a decision under the ITF Code of Conduct or any other applicable regulations (such as the Tennis Anti-Corruption Program or the Tennis Anti-Doping Programme); and*
2. *has not previously served such a suspension period of three months or longer, unless the ITF approves their eligibility (taking into account all relevant factors).*

Coach: *A Coach is defined as holding a national coaching qualification, and must have coached or be coaching a player within the top 30 on the ITF Singles Ranking*

|  |  |
| --- | --- |
| Name:  | Nation: |
| Division (Men’s / Women’s / Quad): | Date of Birth: |

**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:  |

**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*](https://www.itftennis.com/en/about-us/privacy-notices/)*.*