



2026 Athlete Brand Ambassador

Application Form

Thank you for your interest in becoming an Athlete Brand Ambassador with Essbee Myotherapy. Please complete all sections below. Incomplete applications may not be considered.

1. Personal Details

Full Name:

Date of Birth:

Phone Number:

Email Address:

Residential Suburb:

2. Sporting Background

Primary Sport:

Current Club/Team:

League/Competition Level:

Preferred Playing Position(s):

Years of Experience:

Current Level of Competition (Local / State / National / Elite):

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Sporting Achievements & Career Highlights

(Please list awards, championships, representative selections, leadership roles, PBs, major achievements, etc.)

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Injury History & Management

(Briefly outline previous injuries, ongoing issues, or current rehab programs.)

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3. Social Media & Promotion Potential

Primary Social Media Platforms (tick):

- ☐ Instagram
- ☐ Facebook
- ☐ TikTok
- ☐ YouTube
- ☐ X / Twitter
- ☐ Other:

Username/Handle(s):

Instagram:

Facebook:

TikTok:

YouTube:

Other:

Follower Count:

Instagram:

Facebook:

TikTok:

YouTube:

Other:

Describe Your Social Media Content Style:

(Example: training, match day, educational, lifestyle, humour, motivational etc.)

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Average Engagement (if known):

Likes/Post:

Comments/Post:

Story Views:

How often do you post?

- ☐ Daily
- ☐ 3–5 times/week
- ☐ 1–2 times/week
- ☐ Fortnightly
- ☐ Rarely

4. Brand Alignment & Expectations

Why do you want to represent Essbee Myotherapy?

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What makes you a strong fit for our Athlete Brand Ambassador program?

(Consider your professionalism, personality, work ethic, audience influence, community reach, etc.)

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How would you promote Essbee Myotherapy if selected?

(Examples: social posts, reels, game-day shoutouts, wearing branded apparel, referrals, testimonials, etc.)

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5. Availability & Commitment

Are you willing to:

- Create regular content promoting Essbee? ☐ Yes ☐ No
- Attend treatment sessions when required? ☐ Yes ☐ No
- Participate in photo/video shoots? ☐ Yes ☐ No
- Provide honest testimonials and reviews? ☐ Yes ☐ No

Training/Competition Schedule:

(Include typical weekly load and days available for treatment.)

6. Additional Information

Is there anything else you would like us to know?

Applicant/ Guardian's Signature

I declare that the information provided is true and correct to the best of my knowledge.

Applicant's / Guardian's Full Name:.....

Signature:

Date:.....

All completed application forms must be submitted **marked to the attention of Amanda**. Applicants may send their forms either by mail or via email. Please ensure all required sections are filled out accurately before submitting, as only complete applications will be reviewed. We appreciate your interest and look forward to considering your submission. Essbee Myotherapy will review all submissions and contact shortlisted athletes directly.

Essbee Myotherapy

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Email: essbeersm@gmail.com

Website: www.essbeemyotherapy.com.au