



**DANSK BOLDSPIL-UNION**  
EN DEL AF NOGET STØRRE

**Version January 2025**

**On signing:** One original to the club and one to the player. The club must submit the action plan to the Danish League (Divisionsforeningen) for approval.

**On approval by the Danish League:** The action plan will be returned via the below email addresses to the club and the player. The Danish League will keep one copy for its files.

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# ACTION PLAN FOR MINORS AND TRAINEES

**between**

\_\_\_\_\_ (Full name in accordance with the Articles)  
\_\_\_\_\_ (CVR-No.)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Postcode/town)  
\_\_\_\_\_ (Email)

(hereinafter called the Club)

**and**

\_\_\_\_\_ (Full name)  
\_\_\_\_\_ (CPR-No.)  
\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Postcode/town/country)  
\_\_\_\_\_ (Email)  
\_\_\_\_\_ (Mobile phone)

(hereinafter called the Player)

**for the period**

\_\_\_\_\_ to \_\_\_\_\_

## EDUCATION

Highest education completed (degree, field, place and grade point average):

Current education:

Flexible agreements/ measures:

Contact at school: \_\_\_\_\_

Expected date of completion of current education: \_\_\_\_\_

Challenges which should be dealt with/given attention:

Plans/dreams about further education:

Conditions which must be fulfilled to realise plans/dreams concerning further education:

I will take the following actions/i will focus on (what and when):

**PERSONAL DEVELOPMENT**

(Yes or no to skills to be developed – please specify why or why not)

**Confidence**

Yes  No

**Coping with stress**

Yes  No

**Discipline**

Yes  No

**Coping with defeat**

Yes  No

**Planning**

Yes  No

**Interpersonal skills**

Yes  No

**Study skills**

Yes  No

**Public speaking**

Yes  No

**Networking**

Yes  No

**Self-perception/ future identity**

Yes  No

**Appearance and body language**

Yes  No

**Other**

Yes  No

**SIGNATURES**

For the club:

Player:

NAME:

NAME:

DATE:

DATE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

.....

Guardian (if the player is a minor):

NAME:

NAME:

E-MAIL:

E-MAIL:

DATE:

DATE:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE