



City of Mount Gambier Junior Sports Assistance Fund

CIVIC CENTRE, 10 WATSON TERRACE, MOUNT GAMBIER
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A joint initiative of the City of Mount Gambier, the District Council of Grant and local affiliated Sporting organisations to assist local junior sportspersons

THIS FORM TO BE COMPLETED BY THE NOMINATING ORGANISATION

1. AFFILIATED ORGANISATION

NAME OF YOUR ORGANISATION:

POSTAL ADDRESS:

CONTACT PERSON:

MOBILE NO.: _____ EMAIL ADDRESS: _____

DATE OF THIS APPLICATION: _____

2. NOMINEE

FULL NAME OF NOMINEE:

ADDRESS (ACTUAL RESIDENTIAL ADDRESS):

DATE OF BIRTH: _____ AGE: _____

WHICH CLUB IS THE NOMINEE A MEMBER OF:
(i.e. a Club forming your affiliated organisation)

Special Note: A "junior" is defined as being a person who has not yet reached eighteen (18) years of age at the date of this application. No application for assistance can be made more than three (3) months in advance of the event to which the application refers.

3. DETAILS OF PRINCIPAL EVENT

3.1 TO WHICH OFFICIALLY ACCREDITED/RECOGNISED NATIONAL EVENT DOES THE APPLICATION REFER?:

A CONFIRMATION STATEMENT FROM YOUR STATE SPORT ADMINISTRATOR MUST BE ATTACHED TO THIS APPLICATION.

3.2 IS THIS AN OFFICIAL STATE SELECTION OR NATIONAL SELECTION: YES/NO

3.3 DETAILS OF PRINCIPAL EVENT COSTS:

Anticipated total cost to nominee to attend principal event, and comprises: \$

Travelling to sessions	\$ _____	How calculated	_____
Accommodation/lodgings	\$ _____	How calculated	_____
Equipment	\$ _____	How Calculated	_____
Other Costs	\$ _____	Specify	_____ _____ _____

4. TRAINING COSTS

4.1 DETAILS OF COSTS INCURRED LEADING UP TO PRINCIPAL EVENT

The following costs have been incurred by the nominee for attending training/ selection sessions etc. prior to the principal event and comprises:

			\$
Travelling to sessions	\$ _____	How calculated	_____
Accommodation/lodgings	\$ _____	How calculated	_____
Equipment	\$ _____	How Calculated	_____
Other Costs	\$ _____	Specify	_____ _____ _____

4.2 IS ANY OTHER FINANCIAL SUPPORT BEING PROVIDED TO THE NOMINEE? YES/NO

IF YES: HOW MUCH: \$ _____
WHO FROM: _____
TO BE RECEIVED WHEN: _____

4.3 PROVIDE COMPLETE DETAILS AS TO THE SPORTING EVENT TO BE COMPETED IN INCLUDING PROPOSED DATES OF PRACTICES AND TRAINING SESSIONS THAT WILL LEAD TO THE PRINCIPAL EVENT:

4.4 LOCATION OF TRAINING SESSIONS:

4.5 LOCATION OF PRINCIPAL EVENT AND DATES:

5. SPECIAL COMMENTS IN RESPECT OF NOMINEE:

IS THERE ANY MATTER OR MATTERS YOU WISH TO BRING TO THE ATTENTION OF THE COMMITTEE IN RESPECT OF THE NOMINEE e.g.

5.1 Do you believe that due to the financial limitations of the family unit of the nominee that special circumstances exist that warrant any payment in excess of existing standards?

SPECIAL NOTE: STRICTLY CONFIDENTIAL

PREFERENCE MAY BE GIVEN TO THOSE APPLICATIONS WHERE SPECIALCIRCUMSTANCES EXISTS (AS PER 5.1 ABOVE) OVER ANY OTHER APPLICATIONS.

5.2 DOES YOUR ORGANISATION NORMALLY ASSIST YOUR JUNIOR SPORTSPERSONS FINANCIALLY TO PARTICIPATE IN SUCH EVENTS? YES/NO

ARE YOU GOING TO ASSIST THE NOMINEE IN THIS EVENT? YES/NO

IF SO, WHAT AMOUNT IS YOUR ORGANISATION CONTRIBUTING TO THE ANTICIPATED TOTAL COSTS OUTLINED ABOVE?

6. THINGS YOU SHOULD BE AWARE OF

- 6.1 MUST BE FORMAL STATE SELECTION OR FOR FORMAL NATIONAL SELECTION (OR EQUIVALENT).
- 6.2 CONFIRMATION STATEMENT FROM YOUR SPORT'S STATE ADMINISTRATOR MUST ACCOMPANY THIS APPLICATION.
- 6.3 MUST BE AN OFFICIALLY ACCREDITED/RECOGNISED NATIONAL OR INTERNATIONAL EVENT (OR EQUIVALENT).
- 6.4 YOU MAY MAKE COMMENT TO THE COMMITTEE ON THE FINANCIAL MEANS OF THE FAMILY OF THE NOMINEE E.G. FINANCIAL LIMITATIONS, FINANCIAL MEANS.
- 6.5 ANY APPROVED APPLICATION WILL ONLY BE A DONATION TO DEFRAY EXPENSES AND NOT A CONTRIBUTION TO PAY ALL EXPENSES.
- 6.6 ANY OTHER FINANCIAL ASSISTANCE DUE TO THE NOMINEE FROM ANY OTHER SOURCES MUST BE DECLARED ON THE APPLICATION FORM.
- 6.7 A "JUNIOR" MUST NOT HAVE REACHED THE AGE OF EIGHTEEN (18) YEARS AT THE DATE OF THIS APPLICATION. NO APPLICATION CAN BE MADE MORE THAN 3 MONTHS IN ADVANCE OF AN EVENT.
- 6.8 NO ASSISTANCE FOR PAST EVENT(S).
- 6.9 IF THIS APPLICATION IS APPROVED, THE FUNDS WILL BE PAID IMMEDIATELY TO THE MEMBER ORGANISATION, WHICH WILL IN TURN PAY THE FUNDS TO THE NOMINEE/FAMILY.
- 6.10 THE PREVIOUS RESIDENTIAL QUALIFICATION THAT THE JUNIOR AND/OR PARENTS OR GUARDIANS MUST BE A RESIDENT OF EITHER THE CITY OF MOUNT GAMBIER OR THE DISTRICT COUNCIL OF GRANT HAS BEEN REMOVED FROM THE OPERATING GUIDELINES OF THE FUND PROVIDED THE JUNIOR HAS BEEN A PLAYING FINANCIAL MEMBER OF A MEMBER ORGANISATION FOR AT LEAST 12 MONTHS PRIOR TO THE DATE OF APPLICATION FOR ASSISTANCE WHERE THAT JUNIOR AND/OR PARENTS GUARDIANS DO NOT RESIDE WITHIN ONE OF THE ABOVE COUNCIL AREAS.

7.0 STATEMENT

I BELIEVE THE INFORMATION GIVEN TO BE CORRECT AND I OR THE NOMINEE WILL UNDERTAKE TO ADVISE THE COMMITTEE IMMEDIATELY IF OTHER FINANCIAL SUPPORT IS AVAILABLE AND FORTHCOMING, SO THE AMOUNT DETERMINED BY THE COMMITTEE MAY BE ADJUSTED ACCORDINGLY.

SIGNED: _____ POSITION: _____

EMAIL: _____ MOBILE: _____

DATED: _____

8. MEDIA RELEASE CONSENT

I as parent / guardian of _____ consent to the information on this application and attached questionnaire including a photo being released to the media for publication and as a feature article on the City of Mount Gambier website and social media.

Name: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

**THIS APPLICATION MUST BE LODGED WITH THE COMMITTEE AT
LEAST ONE MONTH BEFORE THE EVENT TO ENSURE PROPER CONSIDERATION**