

APPLICATION FOR SPORTS AID GRANT

This application form is for SportsAid Grant only and cannot be used for another scheme.

Please use TYPE or BLACK INK and BLOCK letters



Full Name:	Forename(s)	Surname	male / female	date of birth:	age:
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Permanent address:

	Post Code:
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Tel no:	E – mail: (important)	District/Local Authority:
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Present address (if different from above):

	Post Code:
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IF STUDYING: Name of School/College/University	City/Town	Do you expect to be in full-time education this time next year? YES / NO
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IF WORKING: Name of Employers:	Occupation:
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INCOME: Total income from all sources (tick one box): Nil less than £7,500 £7,500 - £15,000 over £15,000

ETHNIC ORIGIN (info for statistical purposes only): Asian African-Caribbean White Mixed Race Other:

SPORTING DETAILS	DISABILITY SPORT
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SPORT :	Event (if appropriate):	Type:
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National Teams
Please indicate any national teams or squads of which you are currently a member by ticking the appropriate box(es)

	Senior team	Junior team (which age group?)	Other (please give details)
Great Britain / U.K.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
England	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Current Ranking(s) (not applicable for team sports) - Give details of your current ranking at the various levels indicated

Event(s)	Age category	World	European	British	English

Results - Please give your results in the main national and international competitions in which you have competed in past two seasons

Date	Name of competition	Your Event	Age category	Your result

Aims - Please indicate your realistic sporting aims (e.g. future selection, competitions & targets):

This coming season	Long-term

Now complete the questions overleaf, then sign the form and forward it to your governing body

Training costs - Please give indications about your training costs and the expenses relating to the practise of your sport

Transport, travel for training and charges for use of training facilities	£.....per year
Cost of lodging in training away home (not normal living costs)	£.....per year
Costs of special food (additional to normal diet)	£.....per year
Costs which you incur for essential preparatory competition not otherwise aided	£.....per year
Coaching fees which you necessarily incur	£.....per year
Cost of items of personal equipment which you need to buy out of your own pocket	£.....per year
Evaluation of your whole training costs	£per year

FURTHER INFORMATION – Please indicate any other personal information that you wish Sports Aid to take into account when assessing a possible grant (*NB please include ALL relevant information on this form – do NOT send additional sheets*)

DECLARATION – I understand that details of any grant which I receive may be given to the media. I am willing for my address (*) and telephone number (*) to be given to the media and to be passed to potential sponsors. (**If you do not wish your address and/or telephone number to be disclosed to the media please delete as appropriate*). I understand also that if I am suspended by my governing body for an infringement of its rules and regulations my SportsAid grant will be stopped and, in the case of doping, I may not receive further grant after completion of my suspension. I also understand that there is no intention to create a contractual relationship between SportsAid and myself. I recognise that the intention of a SportsAid grant is to enhance my opportunity to train to represent the national team in my chosen event and if successful with my application I undertake to use the grant to enhance my training and to be available to represent my country whenever reasonably possible.

Signature of applicant: _____ Date: _____
(where an applicant is under 18 the form should be signed by a parent or guardian)
NOW FORWARD THIS FORM TO YOUR SPORT'S GOVERNING BODY

GOVERNING BODY REPORT – This report is an essential part of the application process and must be completed in full before the application can be considered. If uncompleted, the application will not be considered.

To the best of my knowledge the information provided by the applicant on this form:
 Is correct OR Is not correct and must be amended as indicated below

and I confirm that this applicant does **not receive any financial support from other institutional sources** (Lottery funding, TASS):
 YES / NO (circle as appropriate)

Are the Long-Term Aims indicated overleaf realistic and achievable? YES / NO (*circle as appropriate*)

Report on the future potential of the applicant to compete successfully at international level with any evidence to support this view:

Report on any relevant personal circumstances of the applicant that should be taken into account by SportsAid when considering the application:

I support this application and hereby submit it for consideration for a SportsAid grant		Date:
Signed:	PRINT NAME:	
Governing Body :	* National / Regional / County	Position in Governing Body :