

WS NSW Athlete Grant Program

2017-2018 Application



*(Including 2016/2017 - 12 month report if applicable)

Please complete this form carefully. Incomplete applications will be disadvantaged

*****DUE DATE: FRIDAY 31st March 2017*****

SECTION (A):

PERSONAL DETAILS

NAME _____

ADDRESS _____

POSTCODE _____

PH. _____ (h) _____ (w) _____ (f)

SEX Male Female DOB _____ AGE _____

Are you a financial member of WS NSW for the year April 1 '2016 – March 31 '2017? Yes No

DISABILITY INFORMATION

Type of disability? _____ Date acquired? _____

Disability classification/s for international / national competitions if known? _____

Are you a member of another NSW Disability Group? Yes No

If Yes, which organisation? _____

SPORT INFORMATION

SPORT(S) _____

LEVEL OF GRANT APPLYING FOR (please tick one) Level 1 Level 2 Level 3
(Note: Level 1 is the highest level grant. Check Information and Criteria)

RANKINGS (complete where applicable)

International Ranking	Individual	_____	Team	_____
National Ranking	Individual	_____	Team	_____
State Ranking	Individual	_____	Team	_____

For those members who did receive a 2016 / 2017 WS NSW Grant please complete:

- **Section (B) and Section (D).**

For those members who did not receive a 2016 / 2017 WS NSW Grant please complete:

- **Section (C) and Section (D)**

Please turn over

SECTION (B):

To be completed by those members who did receive a 2016 / 2017 WS NSW Grant.

WS NSW FINAL GRANT REPORT (OCTOBER 2016 - MARCH 2017)

1. COMPETITION (List any events you have competed in over this period and any significant results).

Competition Name / Location	Event	Result

Note: Any press clippings would be appreciated.

2. ACHIEVEMENTS

Have you been selected in any representative teams or received any sporting awards? If yes please detail.

3. TRAINING AND LEVEL OF ACTIVITY FOR YOUR SPORT(S)

Please provide details of your training (ie. days and activity)

4. 2015-2016 GRANT

Have you used any or all of your 2015 / 2016 Grant money through your Levy Account? Please provide details.

5. DEVELOPMENT ASSISTANCE

Have you assisted in any junior or developmental type days for Wheelchair Sports NSW? If yes please detail.

6. PROMOTION ASSISTANCE

Have you assisted in any promotion type activities for Wheelchair Sports NSW? If yes please detail.

7. OTHER

Please tick if applicable and add evidence or reference to where info has been previously recorded.

Competed in a minimum of **one** WS NSW program and / or event. Comments:

Attended the 2015 WS NSW Annual Presentation Awards Dinner. Comments:

Assisted at a minimum of **one** WS NSW development program in a **volunteer/coaching capacity**. Comments:

Attended and assisted at a minimum of **one** activity relating to WS NSW promotion e.g. rotary group, expo's, committee representation or representation at an event or function. Comments:

If there are other ways you have met your Grant Conditions/Agreement please detail

SECTION (C)

To be completed by those members who did **not** receive a 2016/ 2017 WS NSW Grant.

COMPETITION RESULTS (If applicable)

List the events you competed in & significant results for the period 1st April 2016– 31st March 2017

- Please indicate whether your event is international / national or state. **(Alternatively attach a separate sheet outlining your results).**

Competition Name / Location	Event	Result

Please turn over

TRAINING AND LEVEL OF ACTIVITY FOR YOUR SPORT(S)

List the training programs you participated in and the level of activity for your sport(s)

Training / Activities	Frequency

SECTION (D)

To be completed by all WS NSW Grant Applicants.

ANTICIPATED COMPETITIONS FOR APRIL 1 2017– MARCH 31 2018 (If applicable)

Competition Name	Location	Dates

TRAINING

How many times per week will you train for your sport? _____

Name of Coach _____ Coach contact number/s _____

NOTE: Further information supporting this application may be attached

To be completed by all WS NSW Grant Applicants.

ATHLETE SIGNATURE:

Signed _____ Date _____

Parent Signature (if under 18) _____

**PLEASE RETURN GRANT APPLICATION FORM TO;
WS NSW – Grants PO BOX 3244 PUTNEY NSW 2112 FAX: 02 9809 5638**

APPLICATIONS CLOSE: FRIDAY 31st March 2017
NO LATE APPLICATIONS WILL BE ACCEPTED