

APPLICATION FOR GRANT AID FOR SPORTSPERSONS

PRIOR TO COMPLETION OF THIS APPLICATION FORM, PLEASE READ PRIVACY NOTICE SHOWN ON THE DEMOCRATIC SERVICES WEBPAGE ON THE COUNCIL'S WEBSITE

Important note to be read by all applicants

Have you read the criteria enclosed with the Application Form? If not, please do so before completing this form. The criteria contains specific information to assist you in completing this form. Once received by the Council this form will need to be photocopied or scanned. To help us speed up the processing of the application it would be appreciated if you would complete all relevant sections, and to use a dark ink to aid photocopying and scanning. Remember to keep a copy for your own records. If you have any questions concerning the completion of the form, or the Sportspersons' Grant Aid Scheme in general, please telephone Carol Holehouse on 01932 425628 for assistance.

SECTION A - DETAILS OF APPLICANT

1. FULL NAME

2. HOME ADDRESS

Post Code

Tel. No. : (Home)

(Work/Daytime)

Email:

- 3. ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM ABOVE)
- 4. AGE: DATE OF BIRTH:
- 5. IF STUDENT, PLEASE GIVE NAME AND ADDRESS OF SCHOOL, COLLEGE OR UNIVERSITY :
- 6. SPORT TO WHICH APPLICATION RELATES :
- 7. NAME AND ADDRESS OF SPORTS CLUB(S) TO WHICH YOU BELONG OR ARE COACHED :

8.	SPORTS ACHIEVEMENTS AND EVENTS ENTERED IN LAST TWO YEARS :					
	Description	Location	Result	Date		
9.	PLEASE PROVIDE DETAILS OF TRAINING/PLAYING ACTIVITIES OF SPORT TO WHICH APPLICATION RELATES :				WHICH THIS	
	a) Main le	ocation of training				
	b) Avera	ge number of hours per we	ek devoted to training/p	blaying		
	c) Avera	ge weekly cost of training/p	olaying	£		
	d) Avera	ge weekly cost of travel to t	training/playing	£		
10.	SPORTING A	MS DURING NEXT TWEL	VE MONTHS :			

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SECTION B - DETAILS OF GRANT APPLICATION					
1.	AMOUNT OF GRANT AID REQUESTED £				
2.	WHAT WILL GRANT, IF APPROVED, BE USED FOR?				
3.	HAVE YOU EVER RECEIVED OR APPLIED FOR FINANCIAL ASSISTANCE FROM THE COUNCIL IN THE PAST? IF YES, PLEASE PROVIDE DETAILS E.G. AMOUNT, DATE ETC.				
4.	DETAIL OTHER FINANCIAL ASSISTANCE FROM PUBLIC BODIES OR SPONSORSHIP RECEIVED IN THE LAST TWELVE MONTHS AND FOR WHAT PURPOSE IT WAS USED				
I hereby agree to abide by the general terms and conditions set out in the criteria for Grant Aid. I confirm that I have not knowingly provided any information which is untrue.					
	SIGNED BY APPLICANT				
	DATE :				

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SECTION C -	REFERENCE	E FROM YOUF	OWN COACH
OR	SPORTING G	OVERNING B	ODY

SIGNED :	DATE :
CAPACITY / POSITION :	
ADDRESS:	
POST CODE :	TELEPHONE NO:
EMAIL:	

Please return the completed form to Carol Holehouse, Democratic Services, Law and Governance Business Centre, Runnymede Borough Council, Civic Centre, Station Road, Addlestone, Surrey, KT15 2AH <u>carol.holehouse@runnymede.gov.uk.</u>

The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature, for the prevention and detection of fraud. For further information, please see www.runnymede.gov.uk/DataMatching.