



## APPLICATION FOR GRANT AID FOR SPORTS COACH

**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) WITH WHICH YOU COACH :**

**SECTION B - DETAILS OF COACHING APPLICATION**

**8. MAIN COACHING ROLE :**

- a) Role title:
- b) Club:
- c) Main location of coaching:
- d) Current qualification level (if applicable):
- e) Average hours/week voluntary coaching:
- f) Average hours/week paid coaching:
- g) Participant age and standard:

**9. PLEASE PROVIDE DETAILS OF COACHING COSTS TO WHICH THIS APPLICATION RELATES:**

- a) Name of course (including level if applicable):
- b) Date:
- c) Total cost:

**10. COACHING AIMS DURING NEXT TWELVE MONTHS :**

**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 :** .....

## SECTION C - REFERENCE FROM YOUR CLUB

Please confirm the role of the applicant within the club, number of hours they coach and confirm that they will continue to coach with the club for a minimum of twelve months from the date that the coaching qualification is completed.

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 [carol.holehouse@runnymede.gov.uk](mailto:carol.holehouse@runnymede.gov.uk).

**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](http://www.runnymede.gov.uk/DataMatching).**