

# Junior Sport Travel Assistance Grant - Application Form 2024/25

## Form Preview

### ELIGIBILITY

\* indicates a required field

#### Important Information

##### Before applying, please:

- Read the [Junior Sports Travel Assistance Guidelines](#) and [Policy](#);
- Preview the Application Form, so you can gather all information needed;
- Contact the Club Development Officer on **(08) 9411 3444** during business hours or email **recreation@cockburn.wa.gov.au** to determine your eligibility, ensure you are applying under the correct category, and to answer any questions.

Incomplete applications will not be considered.

The following questions MUST be completed by the Applicant. This page of the form is designed to help you, and us, understand if you are eligible for Junior Sports Travel Assistance. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for unsuitable funding.

Please note: Applicants who are not eligible for Junior Sports Travel Assistance may qualify under the Youth Arts Scholarship or [Individual Sponsorship](#) programs that the City runs.

#### Eligibility Questions

##### Are you a resident of the City of Cockburn? \*

Yes  No

If No, not eligible to apply.

##### Will you be aged 21 years or younger as of the competition closing date? \*

Yes  No

If No, you are not eligible to apply.

##### Will you be travelling more than 100km outside the City of Cockburn? \*

Yes  No

If No, you are not eligible to apply.

##### Have you been selected by the State or National Sporting body to represent Western Australia or Australia? \*

Yes  No

If No, you are not eligible to apply. A clear selection process entitling the person to represent the State or National body must be demonstrated. A letter of selection from that State or National body must be supplied with this application.

**If you answered NO to any of the above Eligibility Questions, you may not be eligible for funding and should contact the Club Development Officer on (08) 9411 3444 before proceeding with this application.**



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Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia

### Applicant Email \*

Must be an email address.

### Applicant Phone Number (business hours) \*

Must be an Australian phone number.

### Name of Contact Person \*

Title      First Name      Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If applicant is under the age of 18

### Relationship to Applicant \*

### Contact Person Phone Number (Business Hours) \*

Must be an Australian phone number.

### Contact Person Email \*

Must be an email address.

## SPORTS AND COMPETITION DETAILS

\* indicates a required field

Please indicate the sport, team and the age group you have been chosen to represent.

### Sport \*

### Club Name

The club you are a member of

### Team Name

The team you are a part of

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### Age Group \*

The age group you will be representing

### Name of State Sporting Association \*

The name of your sporting body/association e.g. Football West

## Competition Details

### CompetitionTitle \*

Please provide the full, proper name of the competiiton you will be attending

### Competition start date? \*

Applications must be submitted BEFORE this date by no more than three months

### Competition end date? \*

### Competition Location \*

Please include venue, suburb and State

## Evidence of Selection and Support

### How were you or your team selected for representation? \*

For example; Knockout competition, State Trials, Board of Selectors, accumulated competition points etc

### Name of relevant State of National sporting association that coordinated the selection process \*

### Please upload a copy of the official notification of your selection from the organisation named above \*

Attach a file:

## Previous Representation Details

### Have you represented Western Australia or Australia before? \*

Yes

No

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### Please provide details:

Include sport, team, age group, association, competition, results etc.

## COMPETITION COSTS

\* indicates a required field

### Funding Request

#### What are the total travel expenses for competing in this event ? \*

\$

The total cost includes all the expenses associated with your activity or event including what you are paying for and what you are fundraising for.

### Competition Budget Information

Please fill in the following tables.

#### Please note:

- 1.DO NOT add commas to figures, e.g. write \$1000 not as \$1,000 to ensure figures in the table total correctly.
- 2.Please use **GST exclusive figures.**

### Expenses Budget - this section **MUST** be completed.

Please indicate the estimated costs for the competition or submit a separate financial statement in the upload box below.

Expense items (description)	Amount/Value (\$)
E.g. Flights, Uniform, Accomodation	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$
	\$

### Budget Totals

#### Total Expenses Amount

\$

This number/amount is calculated.

### Attachments

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**Please upload financial statements, invoices, receipts or information from the sports organisation to support expenses related to the competition**

Attach a file:

Recommended no more than 5mb per attachment.

### Bank Account Details

If your application is successful, funds will be provided via electronic funds transfer (EFT), and we will require the following information.

**Name of bank or financial institution \***

**Branch location \***

**Account name \***

**Branch code/BSB number \***

**Account number \***

## CERTIFICATION AND SUBMISSION

\* indicates a required field

### Declaration

- I declare that all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Cockburn of any changes to the information supplied or to circumstances arising that are relevant to this application.
- I understand that this is an application only and may not necessarily result in funding approval.
- I give permission for the City of Cockburn to contact any person or organisation relevant to the assessment of the application and understand that information may be provided to other agencies, as appropriate.
- I understand that the decision made by the City of Cockburn is final and not subject to an appeals process.

I understand that if the City of Cockburn approves funding:

- I will be bound by the contents of this application to carry out the activities described in this application, which will form part of the contractual agreement with the City.

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- I will be required to accept the conditions of funding in accordance with City requirements.

If successful:

- The City does not accept any liability or responsibility for the activity or event.

**Please fill in your details below as your endorsement of this application and the statements above.**

**I have read and agree to the above declaration statements \***

Yes

**Applicant Name (or Contact Person if Applicant is under 18 years of age) \***

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Date \***

Must be a date.

## Privacy Notice

The City of Cockburn will use any information provided for the purpose of processing your application and for remaining in contact with you.

Please note the information provided in your application and any related documentation/discussions may be provided to members of the assessment panel in order to assist the City of Cockburn in processing your application.

By submitting an application you consent to the City of Cockburn publishing the applicant's name, project description and amount funded in promotional material used for promoting the Cockburn Community Fund.

The City of Cockburn values the privacy of its customers and stakeholders. Please [click here](#) for further information on our privacy statement.

## Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

**Please indicate how you found the online application process**

Very easy     Easy     Neither     Difficult     Very difficult

**How many minutes did it take you to complete this application?**

Please estimate in minutes e.g. 1 hour = 60 minutes

**Please suggest any improvements we should consider**

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Word count:

Must be no more than 100 words

**Thank you for your application and your feedback.**