

# Junior Sport Travel Assistance Application Form 2026-2027

## Form Preview

### ELIGIBILITY

\* indicates a required field

#### Important Information

##### Before applying, please:

- Read the [Community Funding for Sporting Clubs & Individuals Policy](#);
- Preview the Application Form, so you can gather all information needed;
- Contact Recreation Services on **(08) 9411 3444** during business hours or email **jsta@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.

You must complete the following questions to determine your eligibility for Junior Sports Travel Assistance. This section is essential and should be completed first to ensure you are applying for suitable funding.

#### 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 on 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 Recreation Services on (08) 9411 3444 before proceeding with this application.**

#### Previous Funding

##### Have you previously received funding from the City of Cockburn? \*

☐ Yes, in the last 12 months ☐ Yes, in previous years ☐ No

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If you have received funding in the last 12 months, contact Recreation Services on (08) 9411 3444 to confirm your eligibility before proceeding with this application.

### What type of funding did you receive?

- ☐ Sponsorship (Individual) ☐ Youth Art Scholarship  
☐ Junior Sports Travel Assistance ☐ Other:

### Please provide details of your most recent successful application - the amount and when it was received \*

Please include date, category of funding, purpose, and amount.

## APPLICANT DETAILS

\* indicates a required field

### Applicant Details

Person eligible for Junior Sports Travel Assistance.

#### Applicant Name \*

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

#### Date of Birth \*

Must be a date.

#### Is the Applicant aged 18 years of age or under? \*

☐ Yes ☐ No

If yes, please complete contact person details below

#### Applicant Residential Address \*

Address

  

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

#### Applicant Postal Address (if different from residential address) \*

Address

  

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

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**Applicant Email \***

Must be an email address.

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

Must be an Australian phone number.

**Name of Contact Person (Parent or Guardian) \***

Title      First Name      Last Name

|                      |                      |                      |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

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.

## SPORT AND COMPETITION DETAILS

\* indicates a required field

**Sport \*****Local club name \***

The club you are a member of

**Age group \*****Name of State Sporting Association \***

e.g. Football West

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### Competition Details

**Competition title \***

Name of the competiiton you are competing in

**Competition start date? \***

Applications must be submitted no more than 3 months before this date.

**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 the relevant state of national sporting association that coordinated the selection process \***

**Upload your official selection notification from the organisation named above. \***

Attach a file:

### Previous Representation Details

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

☐ Yes

☐ No

**Please provide details:**

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

### COMPETITION COSTS

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### Funding Request

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

\$

The total cost of the applicants expenses (not family members) to compete in the competition.

### Total Amount Requested

Must be a dollar amount.

What is the total financial support you are requesting in this application?

### 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.**

### Income Budget

Please provide details of funding contributions you have sourced, including other sponsors, grants, donations, fundraising and any personal contributions.

Please include the total number of sponsors and each sponsor's contribution value (financial, in-kind or both). Please tell us if these have been confirmed or not.

Please also include the amount requested from the City of Cockburn.

You are required to provide evidence of confirmed funding contributions.

**Contributions from other s Confirmed?  
ources (description)**

**Amounts/Value (\$)**

|                                            |                      |                      |
|--------------------------------------------|----------------------|----------------------|
| Amount requested from the City of Cockburn | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                       | <input type="text"/> | <input type="text"/> |
| <input type="text"/>                       | <input type="text"/> | <input type="text"/> |

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

Please list the competition costs or submit a separate financial statement in the upload box below.

**Expense items (description)**

**Amount/Value (\$)**

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|                                     |                                           |
|-------------------------------------|-------------------------------------------|
| E.g. Flights, Uniform, Accomodation | Must be a whole dollar amount (no cents). |
|                                     | \$                                        |
|                                     | \$                                        |
|                                     | \$                                        |

### Budget Totals

#### Total Income Amount

This number/amount is calculated.

#### Total Expenses Amount

This number/amount is calculated.

#### Is the total income amount equal to the total expenses amount?

☐ Yes ☐ No

If no, please review your budget tables before submitting.

### Attachments

#### Please upload financial statements, invoices, receipts or information that demonstrates the 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 \*

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## 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 sporting organisation relevant to the assessment of the application.
- 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.
- I will be required to accept the conditions of funding in accordance with City requirements.

If successful:

- The City accepts no liability for the applicants participation in the competition.

**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.

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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.

Under the PRIS Act 2024 and the City's Privacy Management Policy the City of Cockburn has obligations in relation to how we collect, store, use and access your personal information. For details see the [Privacy Collection Notice](#).

### 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**

Word count:

Must be no more than 100 words

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