



**Disability Recreation and Sports SA Grant Program**  
**2018/19 Application Form**

*Please complete this form carefully. Incomplete applications will not be accepted.  
All information will be treated as confidential.*

**SECTION A:**

**PERSONAL DETAILS**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ POSTCODE: \_\_\_\_\_

PH: \_\_\_\_\_ (MOB) \_\_\_\_\_ (HOME)

EMAIL: \_\_\_\_\_

Are you a financial member of DRSSA for 2018-19 financial year? Yes  No

**DISABILITY INFORMATION**

TYPE OF DISABILITY: \_\_\_\_\_ DATE ACQUIRED: \_\_\_\_\_

DISABILITY CLASSIFICATION (IF KNOWN): \_\_\_\_\_

ARE YOU A MEMBER OF ANOTHER SA DISABILITY GROUP? Yes  No

IF YES, WHICH ORGANISATION? \_\_\_\_\_

**SPORTS INFORMATION**

SPORT(S): \_\_\_\_\_

LEVEL (select one)

International  National  Local

RANKINGS (where applicable)

International Ranking Individual \_\_\_\_\_ Team \_\_\_\_\_

National Ranking Individual \_\_\_\_\_ Team \_\_\_\_\_

**SECTION B:**

**ANTICIPATED COMPETITIONS FOR JULY 2018 – JUNE 2019**

COMPETITION NAME	LOCATION	DATES

**TRAINING**

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

Name of coach: \_\_\_\_\_ Coach's Ph Number: \_\_\_\_\_

Note: More information supporting this application may be attached if you wish

**EMPLOYMENT INFORMATION**

EMPLOYMENT STATUS:

Full Time  Part Time  Student  Unemployed

APPROXIMATE ANNUAL INCOME:

Less than \$30,000  \$30,000-\$50,000  \$50,000-\$70,000

More than \$70,000

**PLEASE INCLUDE AN OVERVIEW OF WHY YOU ARE SEEKING FUNDING AND WHAT YOU ENVISAGE THE MONEY BEING SPENT ON (i.e. travel costs, equipment, registration fees etc). PLEASE ALSO INCLUDE AN ESTIMATE OF TOTAL COSTS TO YOU AND WHAT PERCENTAGE OF THIS COST YOU ARE REQUESTING FROM DRSSA:**

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## **SECTION C**

To be completed regarding the previous financial year.

### **COMPETITION**

List any events you have competed in over this period and any significant results

<b>COMPETITION NAME</b>	<b>EVENT</b>	<b>RESULTS</b>

### **ACHIEVEMENTS**

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

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### **TRAINING AND LEVEL OF ACTIVITY FOR YOUR SPORT(S)**

Please provide details of your training (i.e. days and activities)

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**PREVIOUS GRANTS**

**Have you used all of your previous financial year grant? Please provide details**

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If you have not fully acquitted your Grant from the previous financial year including appropriate documentation of receipts etc please contact the DRSSA office immediately on 8234 1533.

**Athlete Signature (or parent/guardian if under 18):**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please return grant application for to: Disability Recreation and Sports SA, PO Box 474 Marlestone Business Centre SA 5033



## **Disability Recreation and Sports SA Grant Program 2018/19 Application Form**

### **Information and Criteria**

The Disability Recreation and Sports SA Grant Program is a form of funding to athletes for competition and training purposes.

#### **GRANT APPLICATIONS**

Grants can be made by full members of DRSSA throughout the financial year.

Applicants will be informed whether their Grant has been successful once the application has been assessed by DRSSA. The assessment will be thorough and may take some time for an outcome to be advised.

If more information is required a representative of DRSSA may contact an applicant.

If an application is unsuccessful a member may still be able to apply again at a later date in the same financial year.

#### **GRANT TERMS**

The term of the Grant will be one year commencing 1<sup>st</sup> July 2018 and concluding 30<sup>th</sup> June 2019. Grants will be based on performance/results from competitions held since 30<sup>th</sup> June 2017 as well as the expected competition and training activities for 2018/19 schedule.

You will be required to provide receipts/invoices or other relevant documentation to DRSSA for all purchases with Grant money so that Grant can be fully acquitted at the end of the Grant period.

Application for a Grant does not guarantee the applicant will be successful.

DRSSA maintains the discretionary power over all Grants. No correspondence will be entered into regarding reasons for DRSSA's decisions.

## **GRANT CONDITIONS**

Applicants must:

- Be a resident of South Australia
- Be a full DRSSA member for at least the previous 6 months
- Be a current financial member of DRSSA with no outstanding debts to DRSSA
- Compete in DRSSA events or DRSSA endorsed events
- Attend DRSSA associated events as requested such as the AGM and Annual Awards Night
- Agree to terms and conditions as specified in Grant Agreement (issued upon successful application)