

# Application for Grant Aid Support for Coach and Official Development



Ref:

\*Please refer to the guidance and frequently asked questions section on the website when completing this form

1. About you			
Name			
Address			Postcode
Tel no. home		Tel no. mobile	
Contact email address*			
Date of Birth		Would you like to sign up to the Sports Development e-newsletter?	YES/NO
Sport involved with			
Name of your club/community group involved with			
Location of club/community group			
Do you live in the Newark and Sherwood District?	YES/NO	If no, do you actively develop sport within the Newark and Sherwood District?	YES/NO
Has your club/group achieved Clubmark or club accreditation*?			YES/NO
If no, are your club working towards accreditation?			YES/NO
Is your club/community group registered on the Sport Nottinghamshire Website*?			YES/NO
Are you registered on the Nottinghamshire Coaching database*?			YES/NO
How did you find out about the Grant Aid Scheme?	_____		
2. Present Coaching/Officiating activity			
<b>Please give details of your present coaching or officiating activity in the Newark and Sherwood District*.</b>			
Do you coach on a voluntary basis?			YES/NO
If yes, how many hours per week? _____			
<b>Who do you coach?</b> Please tick all that apply			
Adults	<input type="checkbox"/>	Juniors	<input type="checkbox"/>
Males	<input type="checkbox"/>	Females	<input type="checkbox"/>
People with disabilities	<input type="checkbox"/>		
<b>Please give details of any of your coaching for which you are paid (i.e. how many hours and how much payment is received).</b>			

**3. Level of grant aid sought (maximum 50% of the course fees, up to £150)\***

Please provide information about which course(s) you are planning to attend and the amount of funding support you are seeking. Applicants can apply for up to 50% towards the course fee. Individuals are only eligible for a maximum of £150 in a year.

Course title	Name of organisation running the course	Course start date	Expected course end date	Full cost of course & required materials	Amount of grant aid sought (50% of course fee*)	Is this course recognised by a National Governing Body* or Newark and Sherwood District Council?
						YES/NO
						YES/NO
						YES/NO

Have you made, or do you intend to make any other applications to grant aid the course(s) you are applying for? YES/NO  
If yes please give details below:

Name of organisation applying to	Date grant sought	Amount awarded/sought

Have you made an application to this grant (Newark and Sherwood Coach and Official Development) within the last year? YES/NO  
If yes please give details below:

Date grant sought	Amount awarded/sought

#### 4. Other supporting comments and information

How will attending this course benefit the community of Newark and Sherwood?

#### Bank Account Details

If your application is successful, we will reimburse payment once we have received proof of payment/receipt. Any reimbursements will be transferred via a BACS payment (direct into your bank account).

<b>Name of Bank</b>	
<b>Name of account holder</b>	
<b>Account number</b>	
<b>Sort code</b>	

#### Declaration

I, the undersigned, undertake that any grant awarded will be used solely for the purpose outlined in this application. I also understand that Active4Today Ltd reserves the right to withhold the payment of the whole or any part of a grant or to require repayment of any grant if the information is subsequently discovered to be false.

**Signed** \_\_\_\_\_

**Print name** \_\_\_\_\_

**Date** \_\_\_\_\_

**Please ensure you submit a signed referee form in support of this application.**

#### Data Protection Act 1998

The personal information collected on this form will be used to provide and manage the information or service that you requested. The information you have provided will be treated in accordance with the Data Protection Act 1998 at all times. For further information about your rights under this legislation please contact the Data Protection Officer working on behalf of Active4Today Ltd at Newark & Sherwood District Council, Kelham Hall, Newark, Nottinghamshire, NG23 5QX. Email [freedom@nsdc.info](mailto:freedom@nsdc.info).

## Coach and Official Development Grant Aid Application Form Referee Form

This page must be returned with the application form and not be completed by a relative of the applicant.		
<b>Name of applicant</b>		
<b>Referee details</b>		
<b>Name</b>		
<b>Address</b>		
		<b>Postcode</b>
<b>Telephone Number</b>		
<b>Email Address</b>		
<b>Sports Club</b>		

In what capacity do you know the applicant?

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Does the applicant coach in a voluntary capacity for the organisation mentioned on page 3?

(Please circle)                      Yes/No

How many hours per week? \_\_\_\_\_

Who does the applicant currently coach? (Please tick all that apply)

Adults  Juniors  Males  Females  People with disabilities

Please detail any further information in support of this application

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I certify that this application is correct to the best of my knowledge and support this application.

Print Name \_\_\_\_\_

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

Position within the club/sport \_\_\_\_\_

## Equal Opportunities Monitoring Form (Optional)

Your responses to the questions below are classed as sensitive data which will be used for monitoring purposes and to promote equality in coaching. Please tick the relevant boxes.

### Are you?

Male

Female

### What is your ethnic group?

#### White

British

Irish

Any other white background \_\_\_\_\_

#### Mixed

White & Black Caribbean

White & Black African

White and Asian

Any other mixed background \_\_\_\_\_

#### Asian or Asian British

Indian

Pakistani

Bangladeshi

Any other Asian background \_\_\_\_\_

#### Black or Black British

Caribbean

African

Any other Black background \_\_\_\_\_

#### Chinese or other ethnic group

Chinese

Any other please specify \_\_\_\_\_

The Disability Discrimination Act 1995 defines a disabled person as anyone with a 'physical or mental impairment which has a substantial and long-term adverse affect upon his/her ability to carry out normal day to day activities'.

**Do you consider yourself to have a disability?** Yes  No

#### If yes, what is the nature of your disability?

Visual  Physical

Hearing  Other  \_\_\_\_\_