**Application for Grant Aid Support for Coach and Official Development**

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

### 1. About you

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Postcode</th>
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<table>
<thead>
<tr>
<th>Tel no. home</th>
<th>Tel no. mobile</th>
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<table>
<thead>
<tr>
<th>Contact email address*</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth</th>
<th>Would you like to sign up to the Sports Development e-newsletter?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>YES/NO</td>
</tr>
</tbody>
</table>

**Sport involved with**

**Name of your club/community group involved with**

**Location of club/community group**

<table>
<thead>
<tr>
<th>Do you live in the Newark and Sherwood District?</th>
<th>YES/NO</th>
<th>If no, do you actively develop sport within the Newark and Sherwood District?</th>
<th>YES/NO</th>
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</thead>
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</tbody>
</table>

**Has your club/group achieved Clubmark or club accreditation***?  YES/NO

If no, are your club working towards accreditation? YES/NO

**How did you find out about the Grant Aid Scheme?**

**2. Present Coaching/Officiating activity**

Please give details of your present coaching or officiating activity in the Newark and Sherwood District*.

<table>
<thead>
<tr>
<th>Do you coach on a voluntary basis?</th>
</tr>
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</table>

If yes, how many hours per week?  

**Who do you coach?**  Please tick all that apply

- Adults  
- Juniors  
- Males  
- Females  
- People with disabilities

Please give details of any of your coaching for which you are paid (i.e. how many hours and how much payment is received).
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.

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

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

<table>
<thead>
<tr>
<th>Name of organisation applying to</th>
<th>Date grant sought</th>
<th>Amount awarded/sought</th>
</tr>
</thead>
<tbody>
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</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Date grant sought</th>
<th>Amount awarded/sought</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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).

<table>
<thead>
<tr>
<th>Name of Bank</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of account holder</td>
<td></td>
</tr>
<tr>
<td>Account number</td>
<td></td>
</tr>
<tr>
<td>Sort code</td>
<td></td>
</tr>
<tr>
<td>Relationship to applicant</td>
<td>Self/Parent/ Other_______________</td>
</tr>
</tbody>
</table>

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.

General Data Protection Regulation (GDPR) 2016 Privacy Notice
The personal information you provide will only be used by Newark and Sherwood District Council or Active4Today Ltd, the data controller, in accordance with General Data Protection Regulation 2016 to process your application for a grant.

The basis for processing this information is to enable the council to undertake a public task. Should your application be successful, some of your personal information may be included in a public register in accordance with our statutory responsibility under the Local Government Transparency Code.

Your personal data will be kept in accordance with the council’s retention policy and schedule. Details of which can be found on in the council’s asset register on our website:

In accordance with GDPR you have a right to:
- have a copy of the personal information that we hold about you.
- complain to the Information Commissioner if you feel that your information is not being handled appropriately

You may also have a right
- to erasure (also known as the right to be forgotten)
- to stop processing
For further details about how your information may be used or about your rights under this legislation and any subsequent data protection legislation, please contact the council’s Information Governance Officer on 01636 655216 or via email on 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.

<table>
<thead>
<tr>
<th>Name of applicant</th>
</tr>
</thead>
</table>

**Referee details**

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Postcode</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Telephone Number</th>
<th>Email Address</th>
<th>Sports Club</th>
</tr>
</thead>
</table>

In what capacity do you know the applicant?

________________________________________

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

________________________________________________________________________

________________________________________________________________________

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 ☐
Hearing ☐
Physical ☐
Other ☐
_________________________