**1. About you**

<table>
<thead>
<tr>
<th>Name of applicant*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Postcode</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>Tel no.</td>
</tr>
<tr>
<td>Contact email address*</td>
<td></td>
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<table>
<thead>
<tr>
<th>Sport/discipline</th>
<th>School/College/Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of your club</td>
<td>National Governing Body</td>
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</tbody>
</table>

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

**2. Sporting information**

Please list any national teams or governing body representative squads the applicant is currently a member of. If the applicant is from a team sport please also state if the individual is a regular starter within the first team, or squad member or an occasional squad member *(for example regular starter for the England U14s Squad)*.

Please provide applicants **current individual ranking***

<table>
<thead>
<tr>
<th>County</th>
<th>Please state age group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Country</td>
<td>Please state age group</td>
</tr>
</tbody>
</table>

Please list the applicants top 3 performance improvements made during the past twelve months. *(for example this could include improving 10 ranking places)*. If you are a repeat applicant reference should also be made against performance goals listed within your previous application. If no improvements have been made please provide details why.

1. 
2. 
3. 

Please list the applicants top 3 performance achievements in the last 12 months *(for example this could be winning a European medal, becoming National Champion)*.

1. 
2. 
3. 

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*Please refer to the guidance and frequently asked questions section on the website when completing this form.*
Please list the applicants top 3 performances goals for the next 12 months *(for example selection for the National Junior Team)*

1. 

2. 

3. 

3. Support available – If your application is successful, you will receive a free access pass to NSDC Leisure Facilities, valid for 12 months.

Are you receiving or have you received sponsorship or any assistance from other sources in respect of your sport?

YES/NO

<table>
<thead>
<tr>
<th>Name of organisation</th>
<th>Date grant sought</th>
<th>Amount awarded/sought</th>
</tr>
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4. Other supporting comments and information

Please also submit the referee form signed by an appropriate person in support of this application

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 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 _____________________________

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
TALENTED INDIVIDUALS APPLICATION

Referee Form

This form must be completed by an official eg governing body, club coach or Head of PE

Name of applicant______________________________________________________

Referee details

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
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<tr>
<td>Telephone Number</td>
<td></td>
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<tr>
<td>Email Address</td>
<td></td>
</tr>
<tr>
<td>Organisation</td>
<td>Position</td>
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</table>

Additional comments to support the application

I confirm the information regarding this applicant is true and accurate to the best of my knowledge and fully support their application for grant aid support to Newark and Sherwood District Council through Active4Today Ltd.

<table>
<thead>
<tr>
<th>Signed</th>
<th>Date</th>
</tr>
</thead>
</table>
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 □
- ____________________________