

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			
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, is 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*.			
Do you coach on a voluntary basis?			YES/NO
If yes, how many hours per week?	_____		
Who do you coach? 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"/>		
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.

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 Active4Today?
						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 attendance and certification. Any reimbursements will be transferred via a BACS payment (direct into your bank account).

Name of Bank	
Name of account holder	
Account number	
Sort code	
Relationship to applicant	Self/Parent/Other _____

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) 2018 Privacy Notice

The personal information you provide will only be used by Active4Today Ltd, the data controller, in accordance with General Data Protection Regulation 2018 to process your application for a grant.

The basis for processing this information is to enable the council to undertake a public task.

Your personal data will be kept in accordance with the retention policy and schedule. 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 Sports Development Team on

sportsdevelopment@active4today.co.uk

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.			
Name of applicant			
Referee details			
Name			
Address			
		Postcode	
Telephone Number			
Email Address			
Sports Club			

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 Physical

Hearing Other _____