



Financial Support for an Athlete Application Form

OFFICE USE ONLY

Date Received

Document No.

Register No.

Please complete this application in BLOCK LETTERS or fill in boxes where applicable. If a question does not apply, please mark as 'N/A'.

SECTION 1 – APPLICATION DETAILS

If applicants are 18 years or younger at the time of the competition the application must be completed by a parent/guardian.

Athlete's Name:	
Athlete's DOB:	
Parent/Guardian Name: (If Applicable)	
Contact Phone:	
Residential Address:	
Postal Address:	
Email Address:	

SECTION 2 – ELIGIBILITY

Please tick "YES" or "NO" to the below statements. Should you answer "NO" to any of the below, you are ineligible to apply for this financial support.

Are you an Australian Citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
You are a current resident within the Charters Towers Region and have been for at least 12 months.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
You are currently not receiving sponsorship from other sources.	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 3 – LEVEL OF REPRESENTATION

<input type="checkbox"/>	Representing North Queensland within Queensland
<input type="checkbox"/>	Representing Queensland within Queensland
<input type="checkbox"/>	Representing Queensland Interstate
<input type="checkbox"/>	Representing Australia within Australia
<input type="checkbox"/>	Representing Australia Overseas



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SECTION 4 – COMPETITION DETAILS

Competition Name:

Name of Sport:

Competition Date:

Discipline/Category:

Competition Location:

Please include city/suburb, state and country.

SECTION 5 – CHECKLIST

Please ensure you have included the following:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Written verification of selection from the relevant organisation. |
| <input type="checkbox"/> | Evidence of associated costs to participate in the competition (eg, invoices for: accommodation, flight/t nomination fees, compulsory equipment and/or uniform, ect). |
| <input type="checkbox"/> | Statutory declaration of applicant's financial contribution and residency. |

SECTION 6 – APPLICATION DECLARATION

Applicant Name:

Signature:

Parent/Guardian Name:
(If Applicable)

Parent/Guardian Signature:
(If Applicable)

Date:

The information collected on this form will be used by the Charters Towers Regional Council for the purpose of processing and assessment of your application/request. Your personal details will not be disclosed for a purpose outside of Council protocol, except where required by legislation (including the Right to Information Act 2009 and Information Privacy Act 2009). This information will be stored on Council's database. The information collected will be retained as required by the Public Records Act 2002.