

Application Form - Achievement Grants

Form Preview

Current Contact Details

* indicates a required field

Please help us keep our database up to date. Please enter the current best contact details for yourself and/or the organisation that you represent.

You may be asked some of these questions again within the funding application, but by keeping our database up to date, we can ensure you will be the first to know about any new funding that might become available.

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address *

Address

<input type="text"/>
<input type="text"/>

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address

Address

<input type="text"/>
<input type="text"/>

Your Primary Phone Number *

Must be an Australian phone number.
If using a landline please add (08) at the front

Other Phone Number

Must be an Australian phone number.
If using a landline please add (08) at the front

Applicant Email *

Must be an email address.

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Organisation Details

Applicant Position *

What position do you hold within the organisation?

Organisation Email

Must be an email address.

Organisation Website

Must be a URL.

Chairperson or CEO *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Chair Person or CEO Phone Number *

Must be an Australian phone number.

If using a landline please add (08) at the front

Chairperson or CEO Email *

Must be an email address.

Eligibility

*** indicates a required field**

Achievement Grants

This program supports individuals and teams who are performing, competing or representing the Kwinana Local Government area at regional, national or international competitions, conferences and events.

Individuals must be selected by a recognised state, or national body and provide a letter of selection.

Funding will assist with expenses incurred while attending the activity.

What Funding is Available?

Regional Events

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Up to \$100 per person or \$400 per team, per year. A regional event means any competition or event that occurs within Western Australia, outside the Perth metropolitan area.

National Events

Up to \$175 per person or \$525 per team, per year. A national event means any competition or event that occurs within Australia but outside the Western Australian border.

International Events

Up to \$250 per person or \$750 per team, per year. An international event means any competition or event that occurs outside Australian borders.

Ignite Award & Duke of Edinburgh Award

Ignite Award participants, aged 9 - 13 years, are eligible for \$100 for their fees.

Duke of Edinburgh Award participants, aged 14 - 24 years, are eligible for \$185 for their fees.

Participants will need to register through an accredited organisation (usually a school or Youth organisation like Bush Rangers or Cadets). For more information about these awards programs, please see the Ignite Award's website [here](#), and the Duke of Edinburgh's website [here](#).

Applicants: Before You Start

To be eligible for this grant:

- The applicant is an individual or team who is performing, competing or representing the Kwinana Local Government Area at a regional, national or international competition, conference or event.
- Individuals/teams must be selected by a recognised State, or national body and provide a letter of selection for verification.
- In exceptional circumstances, a letter of support from a Club President may be considered where no recognised governing body (State or national) exists.
- Individuals nominating to the Ignite or Duke of Edinburgh Awards program must provide a letter from the registered organisation demonstrating the Applicant is wanting to join the program.
- The applicant must be a resident of the City of Kwinana.
- The individual/team must not have received an Achievement Grant in the current financial year (1 July to 30 June).

Note: Activities that have already commenced prior to a grant application being submitted are not eligible for Achievement Grant funding (allow four weeks for processing of applications and payments).

Please note:

- Upon return from performing or competing, or on completion of the Award Program, successful applicants must provide proof of participation, for example, air ticket, medals, photographs;
- Should an individual or team not attend / compete in the event after receiving funding from the City (due to last minute injury etc.), all unspent funds must be returned to the City; and
- Individuals/teams are eligible to receive one grant per financial year.

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For any further information or help with your application please contact the City's Grant Administrator on 9439 0251 and quote the below application number.

Application Number

This field is read only.

The identification number or code for this submission.

Confirmation of Eligibility

I confirm that the Applicant (individual/ team members):

- lives in the City of Kwinana;
- has not received another City of Kwinana Achievement Grant (previously the Sports Financial Assistance) in this financial year (1 July to 30 June);
- has a letter from the recognised State, or national body responsible for selection in the event to accompany the application.

Please confirm that you meet the eligibility criteria *

☐ Yes

☐ No

Applicant Details

* indicates a required field

Who is applying?

Is this application for an individual or team grant? *

☐ Individual

☐ Team

Individual Applicant

Is the Applicant under the age of 18 years? *

☐ Yes

☐ No

Parent / Guardian Details

Parent / Guardian Name *

Title

First Name

Last Name

Parent / Guardian Email *

This is the address that we will use to correspond with you about this grant if applicant is under 18 yrs.

Parent / Guardian Phone Number *

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This is the phone number that we will use to correspond with you about this grant if applicant is under 18 yrs.

Personal Information

Applicant First Name *

Applicant Surname *

Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

City of Kwinana Resident? *

☐ Yes

☐ No

Do you live within the City of Kwinana?

Applicant Phone Number

Must be an Australian phone number.

If using a landline number please add (08) at the front

Applicant Email

Must be an email address.

Applicant Date of Birth *

Must be a date.

Team Application

Is the team a junior team? *

☐ Yes

☐ No

Does the team have members aged under 18?

Team Manager's Name (the Applicant) *

First Name

Last Name

Team Manager's Primary Phone Number *

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Must be an Australian phone number.
If using a landline number please add (08) at the front.

Team Manager's Email *

Must be an email address.

Competition / Event Information

* indicates a required field

What area are you / the team representing? *

- | | |
|--|---|
| <input type="radio"/> Sport | <input type="radio"/> Ignite Award |
| <input type="radio"/> Culture and the Arts | <input type="radio"/> Duke of Edinburgh Award |
| <input type="radio"/> Academic | <input type="radio"/> Other: |

What level are you representing Kwinana at? *

- ☐ Regional - state or national competition held in WA outside of the Perth Metro
☐ National - competition held within Australia but outside of WA
☐ International - competition held outside of Australia
☐ Ignite or Duke of Edinburgh Awards

Will you be representing Kwinana at state, national or an international event?

Sporting Representation

What sport will you be competing in? *

Are you representing a club? If so, which one?

State Sporting Association/ Governing Body Name: *

Please attach a letter of selection from the State Sporting Association or Governing Body responsible for selection in the event *

Attach a file:

Competition Name: *

Competition Start Date *

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Must be a date.

Competition Completion Date *

Must be a date.

Age group or category you will be competing in? *

Competition Location *

Culture and the Arts Representation

Please describe which discipline you are representing: *

E.g. dance, sculpture, stand-up comedy etc.

Which club or group are you representing (if applicable)?

Name of the Competition or Event *

What is your role at this competition or event? *

Are you competing, presenting or attending as a participant to extend your knowledge/skills?

Competition or Event Location *

Competition or Event Start Date *

Must be a date.

Competition or Event Finish Date *

Must be a date.

Recognised State or national body that has invited you to the competition / event: *

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Please upload a copy of the invitation here: *

Attach a file:

Academic Representation

Please describe which discipline you are representing: *

E.g. debating competition or your specialist field.

Which academic institution or club are you representing (if applicable)?

Name of Competition or Event *

What is your role at this competition or event? *

Are you competing, presenting or attending as a participant to extend your knowledge/skills?

Competition or Event Location *

Competition or Event Start Date *

Must be a date.

Competition or Event End Date *

Must be a date.

Recognised State or national body that has invited you to the competition / event:
*

Please upload a copy of the invitation here: *

Attach a file:

Other Representation

Please describe which discipline you are representing: *

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E.g. dance, sculpture, stand-up comedy etc.

Which club or group are you representing (if applicable)?

Name of Competition or Event *

What is your role at this competition or event? *

Are you competing, presenting or attending as a participant to extend your knowledge/skills?

Competition or Event Location *

Competition or Event Start Date *

Must be a date.

Competition or Event Finish Date *

Must be a date.

Recognised State or national body that has invited you to the competition / event:
*

Please upload a copy of the invitation here: *

Attach a file:

Ignite and Duke of Edinburgh Awards

Which organisation are you completing the Award with? *

Who is the best contact at this organisation? *

First Name

Last Name

Contact Person's Phone Number *

Must be an Australian phone number.

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If using a landline number please add (08) at the front.

When do you intend to start the program? *

Must be a date.

Please upload a copy of the letter from the above organisation stating the Applicant is enrolling in the program.

Attach a file:

Have you/the team previously represented Western Australia or Australia? *

☐ Yes

☐ No

Have you previously received an Achievement Grant (previously Sports Financial Assistance) from the City? *

☐ Yes

☐ No

What was the date you last received financial assistance? *

A month/year will be sufficient.

Other information

Is there any other information you would like to share about the applicant, competition or event?

If there is any other information you would like to share with the assessment panel, this is where you can add text

Attach a file:

Are there any documents you would like to share with the City regarding the applicant, competition or event please upload them here

Funding Requested

Please let us know how much you would like to request from the City. This can be up to the total amount you are eligible for, depending on your level of representation.

Receipts will need to be provided after the competition to show that the money was spent on costs associated with competing / attending the event.

What level of funding are you eligible for? *

☐ Regional - up to \$100

☐ National - up to \$175

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- ☐ International - up to \$250
- ☐ Ignite Award - \$100
- ☐ Duke of Edinburgh - \$185

Funding Requested

Please let us know how much you would like to request from the City. This can be up to the total amount you are eligible for, depending on your level of representation.

Receipts will need to be provided after the competition to show that the money was spent on costs associated with competing / attending the event.

What level of funding is your team eligible for?

- ☐ Regional - up to \$400 per team
- ☐ National - up to \$525 per team
- ☐ International - up to \$750 per team

Hint: This is how much you are requesting of the City up to your level of representation limits.

Funding amount requested *

\$

Must be a whole dollar amount (no cents) and no more than 750.

This is how much you are requesting of the City up to your level of representation limits

Declaration

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [City of Kwinana - Privacy Policy](#).

Any information disclosed in this form will only be used by the Achievement Grant Funding Panel for the purposes of assessing funding proposals under the City of Kwinana Community Funding Policy and will be maintained in accordance with the Privacy Act 1988.

Consent

The City of Kwinana may from time to time wish to contact you for media opportunities for the promotion and growth of the program.

Consent

- ☐ I give my consent to be contacted regarding media and promotion
- ☐ I do not give my consent to be contacted regarding media and promotion

Declaration of Applicant

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This section must be completed by the applicant or parent / guardian on behalf of the applicant.

I declare that the statements made within this application are true and correct.

I agree *

☐ Yes

Name *

Title

First Name

Last Name

Applicant Feedback

As you are nearing the end of the application process. Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback so that we can continually improve our application form and process.

How did you hear about this funding program? *

- ☐ Previous recipient
- ☐ Direct contact from the City (email, phone call etc)
- ☐ City of Kwinana Website
- ☐ City of Kwinana e-newsletter
- ☐ Spirit of Kwinana publication
- ☐ Referral / word of mouth
- ☐ Other:

Please indicate how you found the online application process? *

- ☐ Very Easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult

How many minutes did it take you to complete the application?

Must be a number.

Estimate in minutes. i.e. 1 hour = 60 minutes

Please provide the City of Kwinana with any suggested improvements and / or additions to the application form or process that we should consider.

I wish to receive news and information from the City of Kwinana? *

☐ Yes

☐ No

Eligibility - Confirmation

* indicates a required field

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Unfortunately you are not eligible to apply for this funding

You have indicated that you do not meet the following eligibility requirements:

That the Applicant (Athlete):

- lives in the City of Kwinana.
- has not received another City of Kwinana Achievement Grant (previously Sports Financial Assistance) funding in this financial year (July 1 to June 30).
- has a letter from the State Sporting Association or Governing Body responsible for selection in the event to accompany the application.

Please re-confirm if you meet the above criteria *

- ☐ Yes - I meet the above eligibility criteria
- ☐ No - I do not meet the above eligibility criteria

You are not eligible to apply for this City of Kwinana funding

Thank you for taking the time to investigate funding from the City of Kwinana.

Unfortunately you do not meet the required criteria to apply.

If you have any further feedback or questions please contact the City's Grant Administrator on 9439 0251 or at grants@kwinana.wa.gov.au and quote the below application number.

Application Number

This field is read only.

The identification number or code for this submission.

You are eligible to apply for this City of Kwinana Funding

Congratulations! You are eligible to apply for this funding from the City of Kwinana.

Please go back to the first page and change the answer to the eligibility question to **YES** to proceed with the application.