

Sport Access Assistance Program

Form Preview

Eligibility

* indicates a required field

Important Information

Before completing this application form, please:

- Read the [Sport Access Assistance Program Guidelines](#);
- Preview the Application Form, so you can gather all information needed.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **grantfunding@fremantle.wa.gov.au**.

Eligibility Questions

Are you a resident of the City of Fremantle? *

☐ Yes ☐ No

If No, not eligible to apply.

Will you be aged 25 or younger as of the competition date? *

☐ Yes ☐ No

If No, you are not eligible to apply.

Are you named on a current Health Care Card or Pensioner Concession Card? *

☐ Yes ☐ No

If No, you are not eligible to apply.

Have you been approved for KidSport this calendar year? *

☐ Yes ☐ No

If you answered No to any of the above Eligibility Questions, you may not be eligible for funding and should contact the City on grantfunding@fremantle.wa.gov.au before proceeding with this application.

Applicant Details

* indicates a required field

For the person eligible for the Sport Access Assistance Program.

Applicant Details

Sport Access Assistance Program

Form Preview

Applicant Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth *

Must be a date.

Is the Applicant aged 18 years of age or over? *

☐ Yes ☐ No

Applicant Residential Address *

Address

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

Applicant Postal Address (if different from residential address) *

Address

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

Applicant Email *

Must be an email address.

Applicant Phone Number *

Must be an Australian phone number.

To be completed in response to question: 'Is the Applicant aged 18 years of age or over?'.

Name of Contact Person

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

If applicant is under the age of 18.

Relationship to Applicant**Contact Person Phone Number**

Must be an Australian phone number.

Sport Access Assistance Program

Form Preview

Contact Person Email

Must be an email address.

Previous Funding

Have you previously received funding from the City of Fremantle? *

☐ Yes, this financial year ☐ Yes, in previous years ☐ No

If you have received funding this financial year, contact the City on grantfunding@fremantle.wa.gov.au to confirm your eligibility before proceeding with this application.

Have you applied for KidSport this year? *

☐ Yes ☐ No

Sport and Club Details

* indicates a required field

Club Details

Club/Organisation Name *

The Club you are a member of

Program / Activity *

Program / Activity Start Date *

Must be a date.

Applications must be submitted a minimum of 30 working days prior to this date

Program / Activity Location *

Please include venue, suburb and State.

Program Fees *

Must be a dollar amount.

Please attached a copy of your current Health Care or Pension Card *

Attach a file:

Finance Details

Sport Access Assistance Program

Form Preview

The information you provide here will help enter you into the City's finance system and process your application in a timely manner, so please give as many details as possible and upload all documentation requested. If you have any questions, please contact **grantfunding@fremantle.wa.gov.au**.

Statement by Supplier

Please complete and upload the following form - [Statement by a Supplier](#) form.

Attach a file:

Bank Account Details

Please provide the following bank account details and attachment.

Name of bank or financial institution

Address of Bank

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

For auditing purposes, please upload a copy of a deposit slip or a snapshot of a bank statement that clearly shows bank details.

Attach a file:

Certification and Submission

*** indicates a required field**

Declaration

- I declare that all of the information supplied in this application and attachments is true and correct.
- I will notify the City of Fremantle of any changes to the information supplied or to circumstances arising that are relevant to this application.

Sport Access Assistance Program

Form Preview

- I understand that this is an application only and may not necessarily result in funding approval.
- I understand that the decision made by the City of Fremantle is final and not subject to an appeals process.

I understand that if the City of Fremantle approves funding:

- I will be bound by the contents of this application to carry out the activities described in this application, which will form part of the contractual agreement with the City.
- I will be required to accept the conditions of funding in accordance with City requirements.

Please fill in your details below as your endorsement of this application and the statements above.

I have read and agree to the above declaration statements *

☐ Yes

Applicant Name (or Contact Person if Applicant is under 18 years of age) *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date *

Must be a date.

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 [Website privacy | City of Fremantle](#).

Applicant Feedback

You are now coming to the end of the application process. Before you **REVIEW** and click the **SUBMIT** button please take a minute to provide some feedback. This will help us to continually improve the funding application process for our customers.

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

