

# Waterford Sports Partnership Club Grant 2016 APPLICATION FORM



**sport ireland**

## Section 1: Club/Organisation Profile

### 1. Applicant Details

Name of Club/Organisation:

Club Address/Location

Club Web/Facebook Address:

Chairperson:

Children's Officer:  
(if appropriate)

Treasurer:

Secretary:

### Details of Correspondence Person for Club

Name:

Position in club:

Mobile Number:

Email:

Please confirm that the above details can be listed on the WSP website

Yes

☐

No

☐

### 2. Bank Account Details:

Any payments may be processed directly to your Bank/Building Society Account.

Please provide the following details:

Name of Bank/Building Society:

Address of Bank/Building Society:

Account Name:

Account No.:

BIC:

IBAN No.:

### 3. Affiliation

(i) Is your club/organisation affiliated to a National Governing Body (NGB)? Yes ☐ No ☐

(ii) If yes, please state name of NGB.

(iii) If you are a disability group and not affiliated to an NGB, please state which national disability organisation you are affiliated to.

(iv) Is your club/organisation a member of Waterford Public Participation Network (PPN)?

*This is a requirement for all grant applications*

(Contact: Muriel Tobin, Waterford PPN on 0761 10 2198)

Yes ☐ No ☐

## Section 2: About your Club *(Please add additional sheets if necessary)*

### 4. Club/Organisation membership details: *(please give numbers)*

Age Group	Male	Female	No. of Teams	No. of Coaches
12 years and under				
13 - 17 years				
18+				
Total				

### 5. Please specify the qualified coaches in your club:

Name/Number of Coaches	Qualification Held	Awarding Body

### 6. Child Protection

(i) Has your club/organisation attended a certified Child Welfare & Protection awareness course?

Yes ☐ No ☐

If yes, name of certifying body:

(ii) Please provide names of club representatives who have child welfare accreditation

(iii) Has your club implemented a Child Welfare & Protection Policy/Code?

Yes ☐ No ☐

### 7. Disability/Active Leadership

(i) Has your club/organisation attended Disability Awareness Training?

Yes ☐ No ☐

If 'no' would you be interested in Disability Awareness Training delivered by WSP?

Yes ☐ No ☐

(ii) Has your club/organisation attended Active Leadership Training?

Yes ☐ No ☐

If 'no' would you be interested in Active Leadership Training delivered by WSP?

Yes ☐ No ☐

### Section 3: GRANT DETAILS

If you are applying for:

- A) Disability Group/Organisation Grant - ***Please complete Q8***
- B) New Club Grant - ***Please complete Q9***
- C) Coach Education Grant - ***Please complete Q10***

**8 (i) Describe the proposed initiative:** Please include details of participating group and outline of initiative including proposed timeline (*use additional sheets if necessary*)


**8 (ii) How will this initiative increase participation and become sustainable?**


**8 (iii) What are the associated costs of this project?** *Please provide relevant quotations as appropriate.*

Cost Area	Amount
TOTAL	€

PLEASE COMPLETE DECLARATION SECTION ON NEXT PAGE

**9 (i) Are you a new club?**

Yes ☐ No ☐

**9 (ii) If 'yes', when was the club formed and registered with NGB?**

(*please attach written confirmation from your NGB*)

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**9 (iii) Please give a breakdown and details below of start up cost requested?**

Cost Area	Amount
TOTAL	€

PLEASE COMPLETE DECLARATION SECTION ON NEXT PAGE

**10 (i) Are you seeking funding towards coaching/referee accreditation?**

Yes ☐ No ☐

**10 (ii) Name of Participant(s) for Coach Education/referee course:**

1	
2	
3	

**10 (iii) Course Details**

Course Title:

Organising/Accreditation body:

Level of Course e.g. Introductory, Level 1 etc.:

Venue:

Date and Duration:

Course fee per individual:

€

**10 (iv) Grant your club is seeking from WSP to cover course fees:**

€

**PLEASE COMPLETE DECLARATION SECTION BELOW****DECLARATION**

I hereby certify that I have read and understand the Waterford Sports Participation Club Grant criteria and that the information supplied on this application is complete, correct and accurate in every respect and it is on that basis only that this application is submitted for consideration and accepted for consideration by Waterford Sports Partnership. I further understand that the submission of any incorrect or inaccurate information will render the application null and void.

**SIGNED:** (on behalf of club/organisation)**POSITION:****NAME (Block Capitals) :****DATE:****IMPORTANT CHECKLIST****PLEASE ENSURE THAT YOU ENCLOSE THE FOLLOWING WITH YOUR APPLICATION**

AGM Minutes

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NGB/Disability Organisation Affiliation Letter

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Quotations

☐

Completed or committed to appropriate training

☐**Completed application forms should be returned to:**

WSP Club Grant  
Waterford Sports Partnership, Civic Offices, Dungarvan, Co. Waterford.  
Tel: 0761 10 2191  
email: [pjones@waterfordsportspartnership.ie](mailto:pjones@waterfordsportspartnership.ie)  
[www.waterfordsportspartnership.ie](http://www.waterfordsportspartnership.ie)

**THE DECISION OF THE COMMITTEE IS FINAL**