

## **Waterford Sports Partnership**

## **Club Grant 2018** APPLICATION FORM

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| **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  | | |

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| **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 Number: |  |
| BIC*:* |  |
| IBAN: |  |
| Signed by Authorised Signatory |  |

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| **3. AFFILIATION** | | | | | | | | |
| (i) Is your club/organisation affiliated to a National Governing Body (NGB)? YES Ny NO | | | | | | | | |
| (ii) If yes, please state name of NGB: | |  | | | | | | |
| (iii) If you are a disability group and not affiliated to an NGB, please state below which National Disability  organisation you are affiliated to: | | | | | | | | |
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| (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 | | | | | | | | |
| **4. CHILD PROTECTION** | | | | | | | | |
| (i) Has your club/organisation attended a certified Child Welfare  & Protection Awareness course? YES NO | | | | | | | | |
| (ii) If yes, name of certifying body: | |  | | | | | | |
| (iii) Please provide names and certificate numbers of club representatives who have Safeguarding (Child Welfare) accreditation: | | | | | | | | |
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| **5. GRANT DETAILS** | | | | | | | | | |
| (i) Please list names of Participants for Coach Education/Referee Course below: | | | | | | | | | |
| **NAME** | | | | | **AGE 16 to 20** | | **AGE 21+** | | |
| **NAME** | | | | | **AGE 16 to 20** | | **AGE 21+** | | |
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| **(ii) COURSE DETAILS** | Course Title: | |  | | | | |
| Organising/Accreditation body: |  | | | | | | |
| Level of Course  e.g. Introductory, Level 1 etc.: |  | | | Venue: | |  | |
| Date & Duration: |  | | | Fee PP: | | **€** | |
| (iii) Grant amount your club is seeking from WSP to cover course fees: | | | | | | **€** | |

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| **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** |  | **AGE 16 to 20**  **AGE 21+** |
| **NAME (Block Capitals) :** |  | **DATE:** |
|  |  |  |

**IMPORTANT CHECKLIST**

**Please Ensure that you enclose the following with your application**

**AGM Minutes**

**NGB/Disability Organisation Affiliation Letter/Email   
  
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

www.waterfordsportspartnership.ie

**IMPORTANT  
CLOSING DATE FOR RECEIPT OF APPLICATIONS   
IS 5PM WEDNESDAY 31st JANUARY 2018**

**The decision of the committee is final**

