

## ELITE SPORTSPEOPLE APPLICATION FORM 2022-23

SECTION 1 APP	PLICANT DETAIL	.S					
Name							
Parent/Guardian's name (if under 18)							
Applicant's Date of Birth				Gende Please T		Male 🗌	Female 🗌
Address	House/Flat number		Street				
	Suburb					Postcode	
Telephone				parent/guardian is under the age			
Email address							
SECTION 2 SEL	ECTION DETAIL	.S					
What sport/event h Please provide proof		cted for?					
The amount you ca		ted, and y	ou can only a	pply once an	nually.		
Please tick type of s		П сь.ь.	/l-++-\		Madia	(lt	
☐ Regional (intrast Maximum \$500	ate)	☐ State (Interstate) ☐ National (International)  Maximum \$500 Maximum \$500					
iviaximum \$500		iviaximu	m \$500	ivia	kimum ş:	500	
Who does the money need to be							
paid to? What is their address?							
What is their address	55:						
IMPORTANT CHA				_	vay they	process payme	ents.
Applications may take up to eight weeks to process.							
<ul> <li>EFT (bank transfers) are the preferred and quickest way to make payments.</li> <li>If you have more than one account to pay, please put the bank details on a separate sheet of paper.</li> </ul>							
							neet of paper.
	ber to attach an			• •			L DANIK DETAILC
BANK ACCOUNT D					<u>- NOT Y</u>	OUR PERSONA	L BANK DETAILS.
Account Name	is ar some in and pro	oor or pure	mase is requir				
DCD							
BSB		Accour	nt number				
Reference							
SECTION 3 FUI	NDING REQUES	TED					
What are For example - Registra	Uniform	Cost	\$		details of the iness/club	Has This Been Paid? Yes/No	
L							

SECTION 4	FINANCIAL ELIGIBILITY
Will you be re	receiving any other financial assistance towards the proposed activity? (e.g. Elite Indigenous Travel and a Assistance Program, Commonwealth or State aid program, Sport Governing Body or Sponsorship)
□ No	☐ Yes (If yes, please provide details of source and amounts below)
Details:	
	DECLARATION the information provided in this application form is true and correct and understand that
	the grant implies agreement to publish my name as a grant recipient.
	ature or parent/guardian olicant under the age of 18)
Date	/ /
SECTION 6	CHECKLIST
your selection Did you (c	ttach proof of all costs associated with ction? or your parent/guardian if applicable) application form?
	APPLICATION SUBMISSION
to be returned to	
T	takamuna pakana Fasmanian Aboriginal Centre
	GPO Box 569 Hobart TAS 7001
	ation please contact your local TAC office or <a href="mailto:takamunapakana@tacinc.com.au">takamunapakana@tacinc.com.au</a>
• •	for Individual Sports Grants are subject to ginal Centre's privacy policy.
	egarding funding will be subject to Tasmanian e's complaints handling procedures