Achievement Grant for Individuals Application Form

Applicant Details

* indicates a required field

PRIVACY STATEMENT

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Councils Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres . For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Councils Privacy Officers via our website www.casey.vic.gov.au/council/contact/feedback-form or by calling on 9705 5200.

Please read the <u>Achievement Grant for Individuals Guidelines</u> before completing this application form

DETAILS OF THE PERSON PARTICIPATING IN THE EVENT

Applicant name *	Title	First Name	Last Name
	Name of the	person attending the	event.
Is the applicant a permanent resident of the City of Casey? *	O Yes PLEASE NOTE for this grant	E: Only City of Casey	No residents are eligible to apply
Applicant residential address *	Address		
address *			
	Suburb St	ate Postcode	
Applicant and *			
Applicant age *			
		ease complete and at s indicated below	tach a Statement by Supplier
Is the applicant OVER 18 years of age? *	○ Yes	(O No

PROOF OF RESIDENCY

Please attach a document to provide proof of residency of the applicant. This should something that shows the

rates notice.

applicants name and address such as a driver's licence or

ID from a parent can be provided if the applicant is under 18, however if the parent's ID has different surname to the applicant, can you please provide some supplementary ID

	such as a Medicare Card that shows the Child's hame.
Please attach photos or files here: *	Attach a file:
mes here.	Click on 'Browse' to locate your file
Applicant details	
Applicant phone number *	
Applicant Email address	
*	Must be an email address. Please note this email address will be used to contact you about this grant application.
	All applicants over the age of 18 must complete and provide a Statement by Supplier (SBS) form. A blank Statement by Supplier form can be found here . Please complete and save and upload below.
Attach SBS form here:	Attach a file:
	Click on 'Browse' to locate your file. Must be completed by all applicants over 18 years of age.
Parent or guardian details	5
Parent/guardian name *	
Parent/guardian phone number *	
Parent guardian email	
address *	Must be an email address. Please note this email address will be used to contact you about this grant application.

Event / Activity Details

* indicates a required field

Event Details		
Name of event/activity *		
Sport, art form or discipline		
Dates of event/activity *		
Applications need to be submitted before attending	g the event/activity.	
City / Town *		
State / Country *		
Are you participating: * ○ As an individual	○ As part of a team	or group
Teams/Groups		
Under some circumstances where there is a laparticipating in the same event/activity as pa amount of funds available for this event which grant amount.	rt of a group or team,	Council may cap the
In some circumstances, a lump sum may be prindividual members.	paid to the team/group	or club instead of
If you are part of a team, please tell us r school or academy based in Casey? Or is members from across Victoria or Austral	it a representative	
Team/Group/Club		
Team/Group contact person		
Team/Group contact phone number		

Team/Group contact email
Selection Process
Please explain the selection process that gained you selection or invitation to this event/activity? *
What costs are involved in this event/activity? (eg. entry fees, uniforms. estimated travel costs) *
Representation/Invitation Details
IMPORTANT INFORMATION REQUIRED TO CONFIRM ELIGIBLITY FOR THE GRANT:
 Applications must be accompanied by evidence/documentation confirming the selection or invitation of the applicant. This could be a letter, email, screen shot or weblink. Please make sure that this evidence includes the applicant name and the event/activity date and location.
 Council officers may contact this organisation or person to verify your selection or participation, or to confirm event details.
Name of organisation/association *
Contact person *
Email address
Email address
Phone number *
Please attach a document (such as a letter, email, screen shot or weblink) confirming event/activity details and selection of the applicant. This must contain the applicants name and event details.
the applicants name and event details: * Attach a file:
Click on 'Browse' to locate your file.

Previous Grants

* indicates a required field

Have you previously recei ○ Yes	ived a City of Case	ey Achievement (
If YES, in which month an Achievement Grant every	-	ote you can only	receive one
Other opportunities			
From time to time Council masurveys or information updat			
Do you give permission for Council Officers? * O Yes		to share your det	tails with other
Declaration			
I affirm that all of the det correct to the best of my O Yes		tion and attachn	nents are true a
I hereby agree to adhere ○ Yes	to the conditions	as outlined in the	e Grants Policy.
Council's Grants policy is loca	ated on the <u>Casey w</u>	ebsite.	
Name of person completing	ng declaration *		
Parent/Guardian to complete de	claration details if app	licant is under 18 yea	ars of age.

Before submitting your application, please ensure that you have:

- answered all relevant questions
- attached proof of residence
- attached a completed <u>Statement by Supplier form</u> if **over** 18 years of age
- attached a letter confirming event/activity details and applicant selection.