



South Australian Sports Institute

# APPLICATION FORM

## INDIVIDUAL ATHLETE PROGRAM 2018

SASI INDIVIDUAL ATHLETE SCHOLARSHIP

**Please read the 2018 SASI Individual Athlete Program Application Guidelines before commencing this application form to check your eligibility status.**

If you have any questions about the guidelines or application please contact SASI prior to submitting an application. Phone: (08) 8457 1432 or E-mail: [Luke.Haniford@sa.gov.au](mailto:Luke.Haniford@sa.gov.au)

### Advice Notes

*All application correspondence will be directed to the athlete via the postal/email address provided.*

*Please use an email address that will be checked at least weekly as this will be the main source of correspondence.*

*The physical address where you permanently reside.*

*If different from your residential address.*

*Leave blank if this address is the same as your residential address.*

*Weightlifting, Shooting, Athletics, Badminton etc.*

*For example, an event / discipline of Athletics is Pole Vault.*

*Your State Sporting Organisation is the peak body for your sport within South Australia (eg Athletics SA).*

*To be eligible for funding you must be an Australian Citizen.*

*Applicants residing more than 130km from the Adelaide GPO are considered County athletes.*

### 1. Name and details of athlete for this application:

Title: eg: Mr	
First Name:	
Surname:	
Date of Birth:	
Gender:	
Home Phone:	
Mobile:	
Email:	

### 2. What is your residential address?

Address:	
Suburb/Town:	
Postcode:	

### 3. What is your postal address?

Address:	
Suburb/Town:	
Postcode:	

### 4. What sport are you applying for?

### 5. What event(s) / discipline?

### 6. Are you registered with your State Sporting Organisation?

YES  NO

If Yes, what is your licence number?

### 7. Are you an Australian Citizen?

YES  NO

### 8. Is your residential address more than 130km from the Adelaide GPO?

YES  NO

### 9. Are you of Aboriginal or Torres Strait Islander origin?

YES  NO

10. Are you an Athlete with a Disability?  YES  NO

If Yes, what is your classification?

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Your National High Performance Director (HPD) will be contacted

11. Who is your National High Performance Director?

HPD Name:	
HPD Phone:	
HPD Email:	

Your coach may be contacted

12. Who is your current coach?

Coaches Name:	
Coach Accreditation Level:	
Coaches Phone:	
Coaches Email:	

13. List your best 3 International Competition results below: *(from the previous 12 months)*

Date dd/mm/yy	Competition name/venue	Place	Event/Discipline	Time/ Points/ Score	*Bench- mark Event
Example 1/12/15	FINA World Championships, Barcelona, Spain	15 <sup>th</sup>	100m Backstroke	52.58sec	<input checked="" type="checkbox"/> YES
					<input type="checkbox"/> YES
					<input type="checkbox"/> YES
					<input type="checkbox"/> YES

\*The highest ranked event specific to your sport at the appropriate age and level i.e. World Championships

14. List your best 3 National Competition results below: *(from the previous 12 months)*

Date dd/mm/yy	Competition name/venue	Place	Event/Discipline	Time/ Points/ Score
Example 2/3/16	National Championships Sydney	4 <sup>th</sup>	Men's 105kg +	314kg

15. Do you have an Individual Performance Plan?  YES  NO

16. What is your estimated expenditure and revenue during the next 12 months

Includes	Type	Cost
<i>Coaching fees, equipment, competition expenses, travel, etc</i>	<b>Expenditure</b>	\$
<i>Professional player payments, DAIS, grants, competition earnings, sponsorships, etc</i>	<b>Revenue</b>	\$

17. How many hours do you train per week?

<input type="checkbox"/> 0-5	<input type="checkbox"/> 5-10	<input type="checkbox"/> 10-15	<input type="checkbox"/> 15-20	<input type="checkbox"/> 20+
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### Athlete Declaration

I declare that all the information submitted on this application form is correct and complete. I understand that the Institute reserves the right to vary or reverse any decision regarding the scholarship made on the basis of incorrect or incomplete information.

I confirm that I have read and understood the 2018 Individual Athlete Program Guidelines.

<b>Athlete signature:</b>		<b>Date:</b>	
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### Parent / Guardian declaration and signature

For athletes under 18 years of age, the parent, guardian or custodian who is the first legal point of contact must sign the declaration below:

<b>Name:</b>		<b>Relationship to applicant:</b>	
<b>Address:</b>		<b>Suburb:</b>	
<b>Email:</b>		<b>Postcode:</b>	
<b>Home Phone:</b>		<b>Mobile:</b>	
<b>Signature:</b>		<b>Date:</b>	

### Please forward this completed application to:

#### BY POST:

Applications post marked on or before Friday 22 September 2017 will be accepted.

Individual Athlete Program  
Office for Recreation and Sport  
PO Box 219  
BROOKLYN PARK SA 5032

#### AT ORS IN PERSON:

Hand delivered applications must be in the red 'Grants/Tender' box at the below address by 5:15pm Friday 22 September 2017.

Individual Athlete Program  
Office for Recreation and Sport  
27 Valetta Road  
KIDMAN PARK SA 5025

**LATE OR INCOMPLETE APPLICATIONS MAY BE DEEMED INELIGIBLE FOR FUNDING CONSIDERATION**

**Applications close 5:15pm Friday 22 September 2017**