



South Australian Sports Institute

APPLICATION FORM

INDIVIDUAL ATHLETE PROGRAM 2018

SASI COUNTRY ATHLETE AWARD

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

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 Swimming is 100m Freestyle.

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 must reside more than 130km from the Adelaide GPO to be eligible.

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?

11. Are you currently, or have you been in the last 12 months, a member of one or more of the following squads or teams?

- Australian Team Australian Squad
 South Australian Team South Australian Squad
 SASI Talent Search Squad

Name of team/squad:	
Competition of representation:	

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 th	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 th	Men's 105kg +	314kg

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

Date dd/mm/yy	Competition name/venue	Place	Event/Discipline	Time/ Points/ Score
Example 10/4/15	SA State Championships	2 nd	U/16 Girls Basketball	48 - 36

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>	Expenditure	\$
<i>Professional player payments, DAIS, grants, competition earnings, sponsorships, etc.</i>	Revenue	\$

17. How many hours do you train per week?

0-5
 5-10
 10-15
 15-20
 20+

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.

Athlete signature:		Date:	
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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:

Name:		Relationship to applicant:	
Address:		Suburb:	
Email:		Postcode:	
Home Phone:		Mobile:	
Signature:		Date:	

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