



**East Hants Elite Sports Grant**

**ELITE SPORTS GRANT APPLICATION AND SPORTS AWARD NOMINATION FORM  
FOR: JUNIOR, SENIOR, VETERAN OR DISABLED SPORTSPERSON 2017**

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| **Instructions for completing this form:**    This form is divided into two sections. **All nominators/applicants over 10 years of age must complete section A** (for sports awards).  **All those applying for Grant Aid (aged 10 to 24 years) must also complete section B**.  Submitting electronic copies of nomination forms is preferred. Please complete the form using a PC, save and email it to [kirsty.cope@easthants.gov.uk](mailto:kirsty.cope@easthants.gov.uk) along with a digital photo of the nominee (which will be used for promotional purposes).  If it is not possible to complete the form electronically, please write clearly using BLOCK CAPITALS and send with correct postage to: East Hampshire District Council, Penns Place, Petersfield GU31 4EX  Selection of finalists and allocation of funding is based solely on the information contained within this form so please make your submission as **comprehensive** as possible within the specified criteria.    Selected individuals will be put forward for the County Sports Awards using the information provided on this form. | | | | | | | | | | | | | | |
| **SECTION A – Sports awards**  (to be completed by all nominators/applicants)  **Category of Nomination** (please highlight as appropriate)  JUNIOR , SENIOR (18+ years) , VETERAN / MASTER  or JUNIOR DISABILITY  or SENIOR DISABILITY | | | | | | | | | | | | | | |
| **Nominee Details** | | | | | | | | | | | | | | |
| Title | | | Mr  Mrs  Ms | | | | | | | | | | | |
| Nominee’s Name | |  | | | | | | Age | | |  | | Date of Birth |  |
| Home Address | |  | | | | | | | | | | | | |
| Post Code | |  | | | | Email Address | |  | | | | | | |
| Telephone Numbers | | (Day) | | | | | | (Evening) | | | | | | |
| Name of school/  college (if applicable) | |  | | | | | | Number of years lived in the district: | | | |  | | |
| Sport | |  | | | | | | Club | | |  | | | |
| **Nominator Details** (do not complete if nominating yourself) | | | | | | | | | | | | | | |
| Nominator’s name and relationship to nominee | | | | |  | | | | | | | | | |
| Address | | | | |  | | | | | | | | | |
| Post Code | | | | |  | | Email Address | | |  | | | | |
| Telephone Numbers | | | | | (Day) | | | (Evening) | | | | | | |
| Date |  | | | | | | | | | | | | | |
| **Major Achievements During 2016** | | | | | | | | | | | | | | |
| ***International*** | | | | Open competition | | | | | Closed competition | | | | | |
| ***National*** | | | | Open competition | | | | | Closed competition | | | | | |
| ***Regional/County representative* –** | | | | | | | | | | | | | | |
| ***Exceptional performances/achievements at club/school* –** | | | | | | | | | | | | | | |
| **Is the nominee a member of a current national squad and if so, which squad?** Yes  No  (where possible, please provide a website link/attachment of proof that the nominee is a national squad member)  **Is the nominee on a talent pathway through their national governing body or other organisation and if so, which pathway?**  **Is the nominee supported by either the Hampshire Talented Athlete Scheme (HTAS) or the Talented Athlete Scholarship Scheme (TASS)?** Yes – HTAS , Yes – TASS , Yes – Both , No | | | | | | | | | | | | | | |
| Please explain in no more than **200 words** how the nominee meets the below criteria | | | | | | | | | | | | | | |
| Has made a major personal achievement in their sport in 2017. **200 word limit.** | | | | | | | | | | | | | | |
| Has met or exceeded their performance goals during 2017. **200 word limit.** | | | | | | | | | | | | | | |
| Has acted as a positive role model and inspiration to others. **200 word limit.** | | | | | | | | | | | | | | |
| **What are the nominees goals for the next three years?** | | | | | | | | | | | | | | |

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| **SECTION B – Grant Aid Funding**  (This section is only to be completed by those wishing to be considered for grant aid funding. Please ensure that you have read the full criteria for funding before completing this section. This can be found at [www.easthants.gov.uk/sportsfunding](http://www.easthants.gov.uk/sportsfunding) |
| **If you are successful in your application and do not have a bank account, please state the name of the person the cheque should be made payable to:** |
| **Please indicate how many hours per week you train for your sport:**  1-3  4-6  7-9 10+ |

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| **Income** |
| **Do you receive, or have you received during the past year, any other kind of grant funding or sponsorship in connection to your sport (inc. previous years East Hants Elite Sports Grants)?**  YES  NO |
| **If yes, please name the grant/sponsorship giving body, state the amount received and the date the grant was awarded:** |

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| **Expenditure** |
| **Please give details of expenditure directly incurred in the last year/season in pursuit of excellence in your sport and state if you expect next season’s/year’s expenditure to exceed this:** |
| *Equipment* |
| *Entrance fees and general expenses* |
| *Travelling expenses and accommodation* |
| *Coaching and training expenses* |
| *Other* |

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| **Supporting Information** |
| **All candidate applications must be supported by a coach** and this endorsement may be attached as a separate document if necessary. Additional comments from teachers/officials/club reps/national governing body are also welcome and can be included below in no more than 100 words. Please also include links to any supporting websites or personal sports profile pages. |
| Completed by: |
| Relationship to applicant:  Title/Position/Qualification |
| Address |
| Postcode |
| Telephone |
| Email |
| Signed |

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| **Declaration** |
| **I agree to abide by all the conditions as stated in this application.** (If under 18 years of age this must be signed by a parent/guardian). |
| Signed |
| Date |
| Print Name |

*Any information contained within this form will be held and used strictly in accordance with the provisions of the Data Protection Act 1998.*