

2024 CBP Individual Representative Sport Application Form Preview

Individual Representative Sport and Recreation Application

* indicates a required field

Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. This will help ensure you apply for a grant in the correct program. The guidelines also provide details as to the eligibility criteria.

WYCBT Grant Guidelines & Information

The funding application is for the following:

- selected to represent a sport or recreational activity at a regional, state, or national event based on merit using the criteria of skill level and performance,
- participation includes competitor, coach, manager, or official/trainer,
- financial support for items such as the individual's team levy, uniform, air/ground travel and food/accommodation, and
- maximum of \$3,000 per participant per calendar year.

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email admin@wycbt.org.au.

Confirmation of Eligibility

As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The Beneficiary is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report / Evaluation Report if requested.

I confirm that all statements above are true and correct *

Yes

You must confirm that all statements above are true and correct before continuing.

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles \(APPs\)](#) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

Applicant's Details

Are you applying on behalf of a minor? *

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- Yes
 No

If not, you as the Applicant, are the Beneficiary for the purpose of this application.

Applicant's Full Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant's Address *

Address

Applicant's Email *

Must be an email address.

Applicant's Phone Number *

Must be an Australian phone number.

Applicant's Date of birth *

Must be a date.

Beneficiary's Details

If funding assistance is being requested for a person under 18 years old, please complete the following section.

What is your relationship with the beneficiary?

- Parent
 Guardian / Carer

Beneficiary's Full Name *

First Name	Last Name
<input type="text"/>	<input type="text"/>

Beneficiary's Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Beneficiary's Email *

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Must be an email address.

Beneficiary's Phone Number *

Must be an Australian phone number.

Beneficiary's Date of Birth *

Must be a date.

Evidence of Aboriginal Group

Which Aboriginal group does the Beneficiary identify with? *

- Wiri / Widi
- Yuwi / Yuwiburra
- Barada Barna
- Birra Gubba Nation living within the Agreement Area

NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.

Who is the beneficiary's apical ancestor?

Please upload evidence of Aboriginal group status

Attach a file:

(i.e. birth certificate, letter and/or family tree)

Sport / Recreation Details

* indicates a required field

Type of sport or recreational activity *

Level of competition *

- Regional
- State
- National

What is the team's name (if any)?

Please attach evidence of the beneficiary's invitation/registration to represent in the sport or recreational activity. *

Attach a file:

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Which of the following best describes the beneficiary's role? *

- Competitor
- Coach
- Manager
- Official / Trainer

Is the beneficiary receiving sponsorship for this competition? *

- Yes
- No

If yes, please indicate how much sponsorship is being received and from whom.

If yes, from whom? *

How much sponsorship is being received? *

\$

Must be a dollar amount.

If yes, from whom? *

How much sponsorship is being received? *

\$

Must be a dollar amount.

If yes, from whom? *

How much sponsorship is being received? *

\$

Must be a dollar amount.

Event Details

Click 'Add More' to add additional rows to the table.

Name of event	Date of event	Location of event
	Must be a date.	

Financial Assistance Requested

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* indicates a required field

What will the requested funds pay for?

In the following table please provide:

- 1.A description of each item for which you are seeking funding
- 2.Cost of item
- 3.A valid tax invoice / quote / receipt for the item requested (must show the ABN of the supplier and GST component, if applicable).

Click 'Add more' to add additional rows to the table

Item description	Cost of Item	Attach invoice / quote / receipt
	Must be a dollar amount.	
	\$	

Total Amount Requested

\$

Amount is calculated from the above table.

Has the beneficiary already received an Individual Representative Sport and Recreation grant from WYCBT in this calendar year? *

- Yes
 No

Grant funding applications are limited to two (2) approved applications in a calendar year period.

If yes, provide the Grant Application number: *

The Grant Application number will begin with CBP000

Assistance Impact

* indicates a required field

What will this funding mean for the Team? *

- Travel to the event
 be accommodated during the event
 purchase required equipment / uniforms
 create future opportunities in the sport / recreational activity
 improve employment prospects in the sport / recreational activity
 act as a role model for others
 support a competitor
 Other:

At least 1 choice must be selected.

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Please include further information that may assist WYCBT in deciding your grant application. For example, the difference this grant will make to the well-being of the beneficiary and their community as a whole.

You may upload letters of support from coaches/ mentors / community members etc. to support this application.

Attach a file:

Sharing the Story

* indicates a required field

One of the Trust's strategic pillars is to Master Our Story. We aim to relentlessly share the unique stories of Beneficiaries that collectively define our Trust culture.

How can you share your story with us?

When you receive grant funding, how will you acknowledge the WYCBT's financial assistance? *

- Social media post, e.g. Facebook
- Letter to WYCBT
- Tell others in your community
- Encourage others to apply for a grant
- Community newsletter
- Club newsletter / communications
- Other:

At least 1 choice must be selected.

Select all that apply.

At the end of the year, how will you provide evidence of the benefits of our funding assistance? *

- Images
- Short video footage
- Certificate
- Letter to WYCBT
- Other:

At least 1 choice must be selected.

Select all that apply.

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Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.

Checklist and Confirmation

* indicates a required field

Applicant Checklist

Before submitting your application, please ensure that you have: *

- completed all questions
- attached sufficient evidence of beneficiary status
- attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component

At least 3 choices must be selected.

If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.

Confirmation by applicant

- I certify that, to the best of my knowledge, the statements made in this application are true.
- I understand that if the WYCBT approves funding, I will be required to accept the conditions of the grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the WYCBT for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the WTCBT approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

I agree *

Yes

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

Please indicate how you found the online application process:

- Very Easy
- Easy
- Neutral
- Difficult
- Very difficult

How many minutes in total did it take to complete this application?

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Estimate in minutes i.e. 1 hour = 60 minutes

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Did you require assistance to complete this application?

- Yes
- No

If yes, what help did you need, and who helped you?