

## TRAVEL GRANT APPLICATION FORM 2018

Full guidance notes regarding the grant are available at [www.jerseysport.je/grants](http://www.jerseysport.je/grants). We encourage you to read the notes prior to applying to ensure you know all about the grant and that you have all the documents you will need to send to us to complete your application. All applications must be submitted electronically to [grants@jerseysport.je](mailto:grants@jerseysport.je). Applications which are late, incomplete or handwritten will not be accepted. If you do not have access to a computer, or you require any other assistance, please contact 01534 449617.

### About your organisation

Organisation name:

Sport:

### Main contact

Title:

First Name:

Surname:

Position in organisation:

Email address:

Mobile phone number:

### Correspondence address

Building name:

Building number/Street

Parish:

Postcode:

Daytime telephone number:

Evening telephone number:

### GUIDANCE NOTES

**Organisation name:** The name given on your application form needs to match the name on your governing document, bank statements and financial accounts. Payments will be made in the name of the Organisation.

**Sport:** For which sport are you applying for funding (e.g. netball, football, rugby etc). You must meet the definition of a sport as per the European Sports Charter 1992 (as revised 2001), please refer to full guidance notes for further information.

**Main contact:** Who will we liaise with from your organisation regarding this application.

**Correspondence address:** This is the main office for your organisation. We will send hard copies of documents to this address.

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### Second contact/Payment contact

Title:

First name:

Surname:

Position in organisation:

Email address:

Mobile phone number:

**If you are applying as a club, why are you not applying via an association?**

No association on island

Breakdown of relationship with association

Other

**Are you a registered not-for-profit organisation with the Jersey Financial Services Commission?**

Yes

No

Please enter your not-for-profit registration number:

### **GUIDANCE NOTES**

**Second contact/Payment contact:** This may well be your Treasurer. We expect this person to be able to provide clarification on account queries, invoices and financial matters relevant to the grant and your organisation.

**Club based applications:** Understanding why your club is not affiliated to a local sport association allows us to consider the future framework for sport in the island. We primarily only accept invitations via an association.

**Not-for-profit organisation:** The grant is only accessible to those organisations which are not-for-profit in construction. As well as registration we will also review your constitution for 'charitable' intent.

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How many people are involved in running your organisation?

Committee/Board

Volunteers

Paid staff

How many people have taken part in your sport over the last 12 months, counting each person only once?

Please now split this total into the following age specific categories:

Age: 0-10

Age: 11-14

Age: 15-18

Age: 19-23

Age: 24+

Does your organisation have a safeguarding policy?

Yes

No

If "Yes", is travel included as a specific section?

### GUIDANCE NOTES

**People:** Input from staff and volunteers is instrumental to the management and success of any sport. We are keen to understand WHO is involved in your sport in order that we can understand resources available.

**Safeguarding:** The process of protecting children and adults at risk from harm by providing safe and effective care. This is a fundamental responsibility of all organisations and must be operational prior to any grant being awarded. Associations requesting funding on behalf of club members must ensure they are also compliant.

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Do you have an appointed welfare officer?

Yes

No

Name:

Email address:

**Have all coaches and chaperones travelling with under-18s or with adults at risk undertaken enhanced DBS checks and completed relevant training?**

Yes

No

How many people in your organisation have been:

First aid trained

DBS checked

Trained in safeguarding a) under-18s                      and b) adults at risk

**Are you affiliated to a National Governing Body or World Federation?**

Yes

No

Name of body:

Membership number:

**GUIDANCE NOTES**

**Affiliation:** There are many different National Governing Bodies (NGBs) and World Federations with responsibilities for managing a specific sport. We believe these organisations can offer support in many ways to members, from guidance and support on safeguarding and welfare, to information on coach development and identifying and developing talent within a sport. This is all fundamental for sport and athlete development.

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Does your organisation ensure suitable travel insurance is in place for all athletes, coaches and chaperones?

Yes

No

Is your organisation aligned to a sport based quality mark?

Yes

No

Quality mark name:

Date of affiliation:

Level obtained (bronze, silver, gold):

**Declaration:** We confirm that the information provided in this application is true, correct and complete. We have read through the guidance notes and believe we are eligible for funding. We understand that any misrepresentation may invalidate this application.

Signed by main contact:

Date:

Signed by second contact:

Date:

## GUIDANCE NOTES


**Insurance:** Associations requesting funding on behalf of club members must ensure they are also compliant.

**Quality mark:** Organisations that are well managed tend to be more successful and sustainable. They are planning for the future as well as being prepared in the event of emergencies. We believe a recognised quality mark will take you through the steps to becoming a successful organisation and are keen for organisations to develop in this way.

**Documentation required:** Constitution, memorandum and articles of association, trust deed or other formal document relevant to organisation. Latest accounts audited or accountant verified. Last three bank statements. Safeguarding policy. Proof of insurance.

**Declaration:** By e-mailing us the completed form you are confirming to us that the content is factually correct.

# ACTIVITY DETAIL

	Date	Event Description	Location					Travel		Athlete Age Category					Coach	Chaperone	Guidance Notes	
			GSY	UK	FR	EU	INT	AIR	SEA	-10	11-14	15-18	19-23	24+				
ex:	26.01.18	Junior County Championship		x				x						2			7	<p><b>Location:</b>                      GSY-Guernsey UK-United Kingdom                      FR-France                      EU-European Union                      INT-International</p> <p><b>Categories</b></p> <p><b>Regional:</b> District specific e.g: South England, Gsy</p> <p><b>National:</b> Country competition e.g: England</p> <p><b>International:</b> Multi country event e.g. Island Games, Commonwealths</p> <p><b>World:</b> Multi highest level e.g: Olympics</p> <p>Please add extra pages as needed</p> 
REGIONAL																		
NATIONAL																		
INTERNATIONAL																		
WORLD																		