

Robert Gerard AO
**EMERGING
 ATHLETE**
 Development Fund

Personal Details of Applicant

Name:			
Address:		Suburb:	P/code:
Telephone	Home:	Work:	Mobile:
Email:			
Date of Birth:		Age as at 31 December 2017:	
Sport:			
Event(s):			

Performance Data – National selections

Are you a member of an Australian team/squad? YES NO

Please note that athletes not selected for a National Team/Squad are ineligible in this process.

Team Name: _____

Event/Competition you are seeking support for: _____

Event date: _____

Location: _____

Specific Event/Position selected for: _____

Is this event a World Championship? YES NO

Are you required to pay a National Team/Athlete levy? YES NO Amount \$ _____

Are you registered with your South Australian Sporting Association? YES NO

Which one? _____

Are you an Australian citizen? YES NO

If NO, are you in the process of gaining citizenship? YES NO

Are you a resident of South Australia? YES NO

If NO, in which State do you reside and why? _____

Performance Data – For the most recent 12 months

International Competition				
Date	Competition Name & Event	Venue	Final Placing / Result	Time, points, etc
National Competition				
Date	Competition Name & Event	Venue	Final Placing / Result	Time, points, etc

Performance Goals – List your performance goals for the next 12 months (Goal, date to achieve senior national team selection)

Goal Dates to Achieve Senior National Team Selection

Endorsement by Coach – This section must be completed by your current coach

Coach's Name: _____

Coach's contact phone number: _____

Coach's email: _____

Coach's endorsement: _____

Coach's Signature: _____

Date: _____

Declaration and Signature

I declare that all the information submitted on this application form is correct and complete. I understand that RGEADF reserves the right to grant financial assistance to me or not and in such amount as it determines it its absolute discretion and to vary or reverse any decision regarding that financial assistance made on the basis of incorrect or incomplete information.

Signature of athlete: _____

Date: _____

Parent/Guardian Declaration

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: _____ P/code: _____

Telephone Home: _____ Work: _____ Mobile: _____

Signature: _____

Date: _____

Please return your application to:

**Robert Gerard Emerging Athlete Development Fund Inc
C/- SA Olympic Council
PO Box 219, Brooklyn Park SA 5032
Or fax to: (08) 8457 1570**

Please note applications strictly close 30 June 2017