

CALL
(08) 8256 0333

POST
12 Bishopstone Road
Davoren Park SA 5113

EMAIL
playford@playford.sa.gov.au

VISIT
Playford Civic Centre
10 Playford Boulevard
Elizabeth SA 5112

Stretton Centre
307 Peachey Road
Munno Para SA 5115



CITY OF PLAYFORD COMMUNITY DEVELOPMENT GRANTS PROGRAM Outstanding Achievement Application

WHICH GRANT DO YOU WISH TO APPLY FOR?

Competition Grant Leadership Grant Personal Development Grant

PERSONAL DETAILS OF THE APPLICANT

Name of person for whom funding is sought:	<input type="text"/>		
Address:	<input type="text"/>		
Postal Address: (If different from above)	<input type="text"/>		
Phone:	<input type="text"/>	Mobile:	<input type="text"/>
Email:	<input type="text"/>	Date of Application:	<input type="text"/>
Name of school/tertiary institution applicant attends:	<input type="text"/>		
Is the applicant attending this school/tertiary institution full time in South Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Is the applicant unemployed or work less than 15 hours per week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Does the applicant pursue their chosen field in a full time amateur capacity?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Has the applicant received funding from the City of Playford Community Development Grants Program within the last twelve (12) months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If so, when?	<input type="text"/>		

PAYMENT

All payments will be made by Electronic Funds Transfer (EFT). Please provide the following details for payment:			
Account Name:	<input type="text"/>	Bank:	<input type="text"/>
Account Holder:	<input type="text"/>	Branch:	<input type="text"/>
Account Number:	<input type="text"/>	BSB:	<input type="text"/>

CONTACT DETAILS OF TEAM / ORGANISATION

Name:	<input type="text"/>	Phone:	<input type="text"/>
Position:	<input type="text"/>	Mobile:	<input type="text"/>
Email Address:	<input type="text"/>	Other:	<input type="text"/>
Team/Organisation Name:	<input type="text"/>		
Club Name:	<input type="text"/>		

COMPETITION / DEVELOPMENT DETAILS

Name of competition or details of leadership or personal development:	<input type="text"/>		
Is the applicant representing Australia or South Australia?	<input type="text"/>		
Please note that funding will not be received if applicant is representing the region only			
Postal Address:	<input type="text"/>		
Dates:	From: <input type="text"/>	To: <input type="text"/>	
Where will competition/event/activity take place?	<input type="text"/>		

PUBLICATION OF AWARD / SIGNATURE

City of Playford reserves the right to publish details of the awarded grant and details to whom the grant is awarded.

All the information stated within this application is, to the best of my knowledge, true and correct. I realise that, should this application be successful but I am unable to compete in the event, then I am obliged to return the full grant to the City of Playford. I understand and agree to abide by the conditions as stated on this form and in the attached guidelines.

Signature of Applicant:	<input type="text"/>	Date:	<input type="text"/>
Signature of parent/guardian:	<input type="text"/>	Date:	<input type="text"/>
Name of parent/guardian:	<input type="text"/>		