

Junior Development Grant Application Form 2024-25

Form Preview

Eligibility and Contact Details

* indicates a required field

Applicants: please note

Please consider viewing the [Guidelines for City of West Torrens Grants and Sponsorships](#) before proceeding to ensure your application will be accepted.

An online application to our grants program is an acceptance that the applicant agrees to the City of West Torrens conditions for any grant approval.

Incomplete applications and/or applications received after the activity/event date will not be considered.

Privacy - Council's use of personal information

Please note that the City of West Torrens is a public authority which is bound by the *Local Government Act 1999*, and other relevant legislation, to retain information and to make certain information publicly available. In some instances this will require Council to publish personal information such as names and addresses of those whose information it holds. If you have any questions regarding the use of your personal information please contact us on [\(08\) 8416 6333](tel:0884166333).

Applicant Details

Have you received funding for a previous application this financial year? *

Yes No

Is this application a Junior Development Grant or an International Representation Grant? *

Junior Development Grant International Representation Grant

Junior Development Grants are for residents aged 18 years or younger at the time of the sponsored event or activity, participating in activities and events within South Australia, Australia or internationally. International Representation Grants are for residents aged 18 years or over at the time of the sponsored event or activity, participating in activities and events representing their institution, South Australia or Australia internationally.

Applicant name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If the applicant is under 18 please ensure their name is used here and a parent/guardian completes the relevant section.

Applicant home address *

Address

<input type="text"/>
<input type="text"/>

Junior Development Grant Application Form 2024-25

Form Preview

Suburb State Postcode

Is this your home address? *

Yes

No

You will be ineligible for funding if you live outside of the City of West Torrens

Postal address (if different to above)

Address

Suburb State Postcode

Grant cheques will be sent to this address

Applicant Phone Number *

Applicant Email *

Parent / Guardian

This section must be completed if the applicant is under 18 years of age. If you are completing this section the name must be different to the applicant name.

Parent / Guardian Name *

Title First Name Last Name

Parent / Guardian phone number *

Activity / Event details

* indicates a required field

Please outline activity/event details for this application *

Must be no more than 20 words.

This should be either a description or the name of the activity/event

How will your participation in this activity/event assist in your personal development and growth? *

Junior Development Grant Application Form 2024-25

Form Preview

Word count:

Must be no more than 200 words.

Where will this activity/event take place? *

- Within South Australia Interstate Overseas

Name of town or city where the activity/event is taking place *

Start date of activity/event *

Estimate if unsure

End date of activity/event

You must provide documentation to confirm selection for the nominated activity/event (e.g. letter from the sporting club or similar). Please upload letters of support here: *

Attach a file:

A maximum of 5 files can be attached

General Information

* indicates a required field

Please help us continue to evaluate where our grant monies are benefiting our community by providing some details about yourself as the applicant. Your responses will not affect the outcome of your grant application and will be kept confidential.

What is your Gender? *

- Male Female Other

Which age group do you fall in? *

- 0-4 10-18 35+
 5-9 19-34

Do you identify as any of the following? *

- Aboriginal Both None
 Torres Strait Islander

Junior Development Grant Application Form 2024-25

Form Preview

Were you a refugee / asylum seeker? *

- Yes No

Do you have a health care card? *

- Yes No

Details for grant payment

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Certification and Feedback

* indicates a required field

Certification

I being the applicant or parent/guardian completing this application form certify that the statements made in this application are true and correct.

I also confirm that I have read and understood the conditions for funding as outlined in the [Guidelines for City of West Torrens Grants and Sponsorships](#) and accept and agree to abide by the conditions therein.

I also accept and agree to abide by any additional conditions outlined in any approval letter.

I agree *

- Yes, I agree

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.

This section is not mandatory

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

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

