SA Community Football Support Fund - Application for Assistance

Form Preview

Eligibility

* indicates a required field

Before you start

Before completing this application form, you should have read the Community Football Support Fund Charter available here.

You are filling this in so that the person affected does not have to. They should not be asked to complete a form, produce a budget, or hand over medical records at a time like this.

Before starting your submission please note:

- Speak with the person, or their next of kin or guardian, and get their agreement before you lodge. You will confirm this at question 1.6.
- A letter of support from your league is encouraged. It is not required, but it carries weight with the Committee.
- Tell the Committee only what it needs in order to decide. If you are unsure whether to include something, leave it out and let the Committee ask.
- Do not nominate a dollar figure in this form. Once it is lodged, SANFL will contact your club to work out what assistance is needed and the best way to provide it.

The Fund provides immediate assistance. It cannot help with a cost that is already settled, or an event that has passed and resolved.

Confirmation of Eligibility

All seven must be yes. If any are no, contact communityfootball@sanfl.com.au before going further.

- This application is lodged by the Club/League the person is involved with.
- The person is participating in Community Football or is a family member of someone who is.
- What has happened has a direct connection with Community Football.
- The circumstances are exceptional and compelling.
- We are seeking immediate or urgent relief, not reimbursement for something already dealt with.
- We have spoken to the person, or their next of kin or guardian, and they agree to this application being lodged and to their information being given to SANFL.
- We have read the Charter and understand this application will be judged on its own merits, is not bound by precedent, and is at the absolute discretion of the Community Football Committee.

Please select below: *

○ Yes ○ No

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

Applicant Contact Details

* indicates a required field

Your Club/League

Club Name *

League Name *

Name *
First Name Last Name

Position held at Club/League *

Phone Number *
Must be an Australian phone number.

Email *
Must be an email address.

Club committee member endorsing this application

Name *
First Name Last Name

Position held at Club/League *

Phone Number *
Must be an Australian phone number.

Email *
Must be an email address.

League Contact

If your league is providing a letter of support, give us a contact there. Or you can leave this section blank.

Name
First Name Last Name

Position of League Contact
Organisation Name

League Contact Phone Number

Must be an Australian phone number.

League Contact Email

Must be an email address.

Who the support is for

* indicates a required field

Full name of the person, or the family, the support is for

Contact name *
First Name Last Name

Parent or Guardian
First Name Last Name

If the individual is under 18, please provide name of parent or guardian

Football Community

What is their connection to community football *
☐ They participate in Community Football themselves
☐ They are a family member of someone who participates

Participant type *
☐ Player
☐ Coach
☐ Trainer
☐ Umpire
☐ Administrator
☐ N/A - They are a family member of a participant

If they are a family member, who do they participate through?

Name, role, and relationship to the person this application is for

How long have they been involved with your club or league? *

A year, a season count, or an approximate period.

What has happened

* indicates a required field

Circumstances

Nature of the circumstances *

☐ Death
☐ Disability
☐ Injury
☐ Disease
☐ Other:

No more than 1 choice may be selected.
Please select the reason for your claim.

Date it happened, or the date of diagnosis *

Must be a date.

Did this happen at, or in connection with, a football activity? *

Explain the connection to Community Football in a sentence or two. The connection can be the person's involvement in the game rather than the event itself happening at a ground

Describe what has happened (up too 500 characters) *

Include what the Committee needs in order to understand the situation, and nothing more. Clinical detail, diagnoses and prognoses are not required.

What makes these circumstances exceptional and compelling? (up to 300 characters) *

Needs & Impact

* indicates a required field

Impact

What needs are you seeking support to address? (up to 500 characters) *

For example: funeral and wake costs, travel and accommodation for treatment away from home, lost income, home or vehicle modification, childcare, school costs.

How has this affected the person and their immediate family? (up to 500 characters) *

Write what you can see from the club's side. Nobody should have to relive the event in order to answer this.

Supporting Attachments

Application Support Forms

League Letter of Support
Attach a file:

A short letter or email from the League President, or a league administrator, confirming the league supports the application. Encouraged. Do not delay lodging if you are waiting on one.

Anything else supporting the application
Attach a file:

Do not attach medical records. The Committee does not need them, and the club should not be asking a family for them.

Declaration & Submission

* indicates a required field

Certification

On behalf of the club/league, I declare that:

- the information in this application is true and correct to the best of our knowledge;
- we have the agreement of the person, or their next of kin or guardian, to lodge it and to provide their information to SANFL;

- we understand this information will be used by the Community Football Committee and the South Australian Football Commission to assess the application; and
- we understand the decision is at the absolute discretion of the Community Football Committee, and that lodging an application creates no entitlement.

I agree *

○ Yes ○ No

Name of authorised person *

First Name Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position at Club *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Date *

Must be a date