

SA Community Football Support Fund

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the Community Football Support Fund Charter [available here](#).

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

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **communityfootball@sanfl.com.au**

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the Community Football Support Fund Charter [available here](#)
- is able to demonstrate alignment between their project and the aims of this Fund
- is an individual participating in Community Football and/or their families affected by tragedy in regional communities;
- Is applying for immediate or urgent relief
- understands their application will be considered on its own merit and will not be bound by precedent
- understands their application will be at the absolute discretion of the Community Football Committee or other party as identified in accordance with Clause 2 - Responsibilities of the Community Football Support Fund Charter
- understands the application must be supported by the relevant club and league, and will include supporting documentation in this application

Please select below: *

Yes No

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

Applicant Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

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SANFL will retain the information provided and may use or disclose it to make further enquiries or to assist in the ongoing management of the claim.

Applicant Details

Application Date *

Must be a date.

Applicant name *

Title First Name Last Name

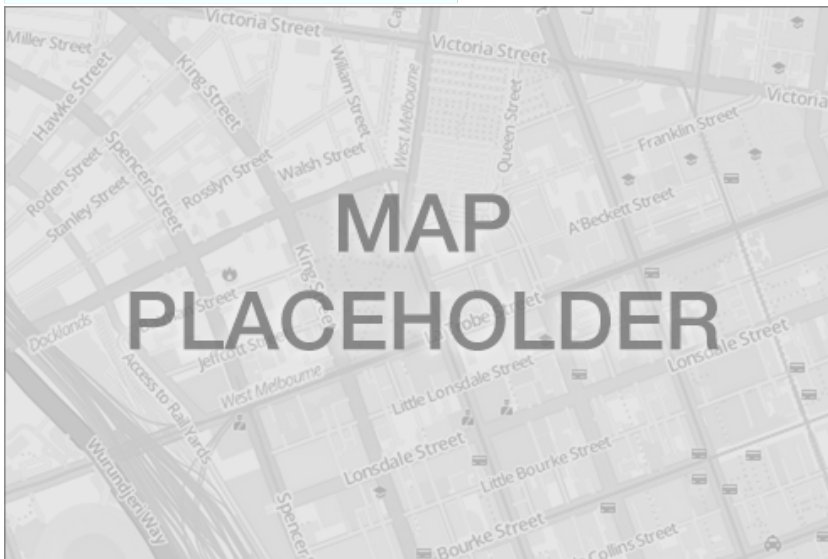
<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please use your full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address *

Address

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



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Postal Address *

Address

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

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Applicant Primary Phone Number *

Must be an Australian phone number.

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Applicant Primary Email *

Must be an email address.

Parent, Spouse or Guardian

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Club/League Reference 1

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number *

Must be an Australian phone number.

Position held at Club/League *

Club/League Reference 2

Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Phone Number *

Must be an Australian phone number.

Position held at Club/League *

Claim Details

* indicates a required field

Football Community

Participant type *

- Player
- Coach
- Trainer
- Umpire

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Administrator

Other:

League Name

Organisation Name

Circumstances

Details of involvement *

Death

Disability

Injury

Disease

Community Support

No more than 1 choice may be selected.

Please select the reason for your claim.

Community Support

Provide brief explanation on Community Support required

Response limited to 100 words.

Describe incident in brief *

Must be no more than 500 characters.

This application form must be accompanied by a formal letter from the club/league addressing the reason for the claim and must be endorsed by a minimum of 2 committee members from the club/league.

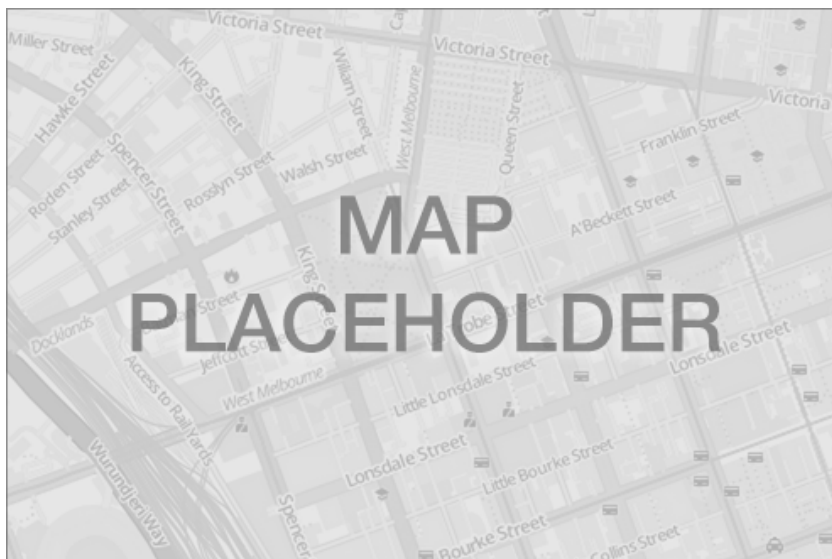
Date of incident *

Must be a date.

Location of incident *

Address

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Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Impact

What needs are you seeking support to address? *

Please provide a brief outline of the pain and/or suffering connected to this claim *

Financial Position

Please outline your financial position, including any potential support available from others.

Income	\$	Expenditure	\$
	\$		\$

Financial Position

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Total Income Amount *

\$

This number/amount is calculated.

Total Expenditure Amount *

\$

This number/amount is calculated.

Net Financial Position *

\$

This number/amount is calculated.

Requirements

With respect to the date of the incident provided above, for how long do you expect to experience hardship as a direct result of the incident? *

In other words, select a date at which you expect your financial hardship will end.

Please list expenses you cannot afford to pay during this period of hardship

Enter the amount to the closest dollar, rounding up.

E.G \$125.57 would become \$126.

Expenditure

\$

Expenditure	\$
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Total support requested

Total Expenditure Amount

\$

This number/amount is calculated.

Please provide a brief outline of the best way to provide immediate relief. *

Is the player entitled to any insurance cover (insurance via AFL National Risk Protection Programme) *

- Yes
 No

At least 1 choice must be selected.

Is the player receiving any payments via Centrelink? *

- Yes
 No

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At least 1 choice and no more than 1 choice may be selected.

Bank Name *

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Insurance Entitlements

Please provide a brief explanation of any insurance entitlements related to this incident *

Centrelink Entitlements

Please provide a brief explanation of any Centrelink entitlements *

Have you received any other financial support (e.g grants) relating to this incident? *

- Yes
- No

How much have you received? *

\$

Must be a dollar amount.

Certification and Feedback

* indicates a required field

Application Support Forms

Club Letter of Support *

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Attach a file:

League Letter of Support *

Attach a file:

Other

Attach a file:

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant (may be different to the contact person listed earlier in this application form).

1. I/We hereby declare that all information, answers, and documentation given in connection with this claim are true and correct to the best of my/our knowledge and belief. I/We have not omitted any material information, which could affect the underwriter's judgement of the claim.

2. I/We understand that the information on this form will be passed to or used by the Community Football Committee and/or the South Australian Football Commission, this includes underwriting, processing and handling claims.

3. I/We authorise any doctor, hospital or other organisation or person having any records or information concerning my medical history or treatment to furnish such records of information as may be requested by us. I am also aware that such information/records are relevant in the evaluation of my claim and that non-submission could prejudice my claim. A photocopy of this authorisation shall be considered as effective and valid as the original.

4. I/We further declare that I am/We are aware that any misrepresentation and/or non-disclosure in respect of information provided herein shall render my/our claim null and void.

I agree *

Yes

No

Name of authorised person *

Title

First Name

Last Name

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

Contact phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

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Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button.

Please indicate how you found the online application process:

- Very easy Easy Neutral Difficult Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

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