## Remote Sporting Schools

### Application form

Partnering with Northern Territory and Queensland Governments, the Remote Sporting Schools grant program aims to explore and trial opportunities to complement and strengthen the presence of sport in schools (Prep – Year 12) and the community in remote areas.

The Remote Sporting Schools grant program will reach up to 100 schools across remote areas of Northern Territory and Queensland and will provide up to $1 million in total grants.

Successful schools will receive a grant of $10,000 (excl GST) for initiatives delivered across Terms 3 and 4, inclusive of weekends and Term 3 school holidays, in 2024.

To complete your grant application, you will need to:

• Meet the grant program eligibility criteria (on page 7 of the Guidelines https://www.sportaus.gov.au/schools/schools/remote-sporting-schools/),

• Complete all sections and questions in the grant application, and

• Read and agree to the Sporting Schools terms and conditions https://www.sportaus.gov.au/schools/schools/funding#terms\_and\_conditions

1. **Applicant school details**

|  |  |
| --- | --- |
| * 1. School name |  |
| * 1. School phone number   *Australian phone number* |  |
| * 1. School generic email address |  |
| * 1. School address   *Address Line 1, Suburb/Town, State/Province, and Postcode* |  |
| * 1. School ABN   [*https://abr.business.gov.au*](https://abr.business.gov.au) |  |

1. **Contact details**

|  |  |
| --- | --- |
| * 1. Remote Sporting Schools grant primary contact person   First name |  |
| Last name |  |
| * 1. Position held in school |  |
| * 1. Contact person’s email address |  |
| * 1. Principal’s name   First name |  |
| Last name |  |
| * 1. Principal’s email address |  |

1. **Payment details**

|  |  |
| --- | --- |
| Please enter bank details for the grant payment to be paid to.   * 1. Account name |  |
| * 1. BSB   *Your 6-digit BSB, numbers only* |  |
| * 1. Account number |  |
| * 1. Finance contact for payment enquires   First name |  |
| Last name |  |
| * 1. Finance contact email address |  |
| * 1. Finance contact phone number   *Australian phone number* |  |
| * 1. Email address for financial transactions   *For remittance advice* |  |

### Grant activities

1. **Activity**

|  |  |
| --- | --- |
| 4.1 What sport or physical activity would you like to do? |  |
| 4.2 Who would you like to deliver the program? | * A coach? * A teacher? * A community member? * Other? |
| If Other, please provide details: |  |
| 4.3 How many participants do you think will participate? *Numbers only* |  |
| 4.4 Would you consider pooling your funding with another school to run a multi-school program or event? | Yes / No |
| If Yes, please include school names: |  |

### Declaration and submission

1. **Declaration**

By submitting your grant application, you consent to the Australian Sports Commission sharing your primary contact details with the Northern Territory and Queensland Government partners and Sporting Schools sport partners for the purpose of coordinating programs.

The ASC Privacy Policy can be found at www.sportaus.gov.au/legal\_information/privacy\_policy.

If you have any concerns about the privacy of your information, please contact privacy@ausport.gov.au

I declare that:

* All information provided in this application is true and correct.
* I am authorised to submit this application and agree to the Sporting Schools School https://www.sportaus.gov.au/schools/schools/funding#terms\_and\_conditions.
* My school will comply with relevant legislation relating to the employment or engagement of persons for the delivery of grant activities to children, including obtaining and maintaining working with children checks.
* I agree that the ASC may take action to recover the funding where the ASC reasonably believes that the school has provided false or misleading information in this application or has breached any of its obligations set out in the Sporting Schools School https://www.sportaus.gov.au/schools/schools/funding#terms\_and\_conditions.
  1. I agree

Yes

*Please circle Yes to indicate agreement*

|  |  |
| --- | --- |
| * 1. Name   First name |  |
| * 1. Last name |  |
| * 1. Signature |  |
| * 1. Position   *Position held in school* |  |

Please **scan and email** your completed application form to: **support@sportingschools.gov.au**