

Office Use
Ref No:

HALBERG TRUST ACTIVITY FUND APPLICATION FORM

Important: - All applications must be submitted to the Halberg Trust Sport Opportunity Adviser in your region or to your Regional Sports Trust by the 20th of the month to ensure the grant applications consideration at the following month's meeting.

Applicant/Parent/Caregiver

First Name: _____ Surname: _____

Organisation (if applicable): _____

Postal Address: _____

Contact Phone: _____ Fax: _____ Email: _____

Relationship to recipient: (please circle) *Parent Carer Teacher Physio/OT Coach Club Recreation Provider*

Recipient

First Name: _____ Surname: _____

Residential Address: _____

Contact Phone: _____ Fax: _____ Date of Birth: _____ Age: _____

Parent/Caregivers Email: _____ Disability/Impairment _____

Please describe the impact that the impairment has on functional ability

Has the recipient received funding from the Trust before? Yes No – (if yes) Date of application/Ref No: _____

Can we use the recipients name in Halberg Trust Publications eg: newsletter? Yes No

Funding Details

Amount applying for including GST (less contribution if applicable): \$ _____

Amount to be contributed by recipient/applicant/other funders: \$ _____

Please provide a detailed description of the Activity or Equipment you are applying for:

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Please provide a detailed description of the benefits of participation and the pathway to inclusion: (also attach any other supporting documents, i.e. letter from a professional in a related field, Physical Activity Plan (PAP) etc.)

Activity/Equipment Cost

Please note:
Funding will not be provided in retrospect. (Lessons must not commence until application has been approved by the Halberg Trust)

Date lessons start: _____ Cost per lesson: _____

No. of lessons: _____ Time period of lessons: _____

Type of lessons: (i.e. group lessons, individual lessons, both) _____

Lessons being held at: _____

Equipment: (quotes required)

Other:

In future should you no longer need this equipment and would like it to be recycled please contact The Halberg Trust Head Office. Would you like to be part of the recycling programme in future if the recipient of the equipment no longer needs it?
 Yes No Not Applicable

How did you hear about the Halberg Trust Activity Fund? Regional Sports Trust Doctor/GP Halberg Trust Website Google search Word of mouth School Sport Opportunity Adviser Other _____

Applicant to sign:

Signature: _____ Date: _____

Return completed form and all necessary supporting information to the Sport Opportunity Adviser at your Regional Sports Trust.

Halberg Trust Sport Opportunity Adviser (SOA) from your Regional Sports Trust to sign below:

SOA Name _____

Signature: _____ Date: _____

Comments: _____