

Robert Gerard AO  
**EMERGING  
 ATHLETE**  
 Development Fund

**Personal Details of Applicant**

Name:			
Address:		Suburb:	P/code:
Telephone	Home:	Work:	Mobile:
Email:			
Date of Birth:		Age as at 31 December 2019:	
Sport:			
Event(s):			

**Performance Data – National selections**

**Are you a member of an Australian team/squad?**  YES  NO

*Please note that athletes not selected for a National Team/Squad are ineligible in this process.*

Team Name: \_\_\_\_\_

Event/Competition you are seeking support for: \_\_\_\_\_

Event date: \_\_\_\_\_

Location: \_\_\_\_\_

Specific Event/Position selected for: \_\_\_\_\_

Is this event a World Championship?  YES  NO

Are you required to pay a National Team/Athlete levy?  YES  NO Amount \$ \_\_\_\_\_

Are you registered with your South Australian Sporting Association?  YES  NO

*Which one?* \_\_\_\_\_

**Are you an Australian citizen?**  YES  NO

**If NO, are you in the process of gaining citizenship?**  YES  NO

**Are you a resident of South Australia?**  YES  NO

**If NO, in which State do you reside and why?** \_\_\_\_\_

**Performance Data – For the most recent 12 months**

International Competition				
Date	Competition Name & Event	Venue	Final Placing / Result	Time, points, etc
National Competition				
Date	Competition Name & Event	Venue	Final Placing / Result	Time, points, etc

**Performance Goals – List your performance goals for the next 12 months (Goal, date to achieve senior national team selection)**

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**Goal Dates to Achieve Senior National Team Selection**

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**Endorsement by Coach – This section must be completed by your current coach**

**Coach's Name:** \_\_\_\_\_

**Coach's contact phone number:** \_\_\_\_\_

**Coach's email:** \_\_\_\_\_

**Coach's endorsement:** \_\_\_\_\_

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**Coach's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Declaration and Signature**

I declare that all the information submitted on this application form is correct and complete. I understand that RGEADF reserves the right to grant financial assistance to me or not and in such amount as it determines it its absolute discretion and to vary or reverse any decision regarding that financial assistance made on the basis of incorrect or incomplete information.

Signature of athlete: \_\_\_\_\_

Date: \_\_\_\_\_

**Parent/Guardian Declaration**

*For athletes under 18 years of age, the parent, guardian or custodian who is the first legal point of contact must sign the declaration below:*

Name: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ P/code: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return your application to:*

**Robert Gerard Emerging Athlete Development Fund Inc  
C/- SA Olympic Council  
PO Box 219, Brooklyn Park SA 5032  
Or fax to: (08) 8457 1570**

**Please note applications strictly close 30 June 2019**