

2026/27 Participation Sponsorship Application Form

Form Preview

Eligibility

* indicates a required field

Introduction

The **Participation Sponsorship Program** helps preschool and school-aged residents facing disadvantages join in recreational activities. This support focuses on covering participation costs for these individuals.

You can read a copy of the [Participation Sponsorship Guidelines here](#).

The program pays funds (for participation fees) directly to sporting clubs.

To qualify, individuals must:

- Be free of debt to Latrobe City Council and have no pending acquittals from past grant applications.
- Live in Latrobe City.
- Hold a Health Care or Pension Concession Card.

If you have any questions in regards to this application form, the program guidelines, please contact the Senior Grants Officer:

- Phone: 1300 367 700
- Email: grants@latrobe.vic.gov.au

Supporting Documents

You will be asked to upload the following evidence when completing your application:

Mandatory:

- Evidence of selection or eligibility to participate – This could include a letter, email or program evidencing your identity and offer of participation; and
- Details of your current Health Care or Pension Concession Card.

Confirmation of Eligibility

Participation Sponsorship Program is open to all individuals for participation in their chosen fields.

To be eligible individuals must:

- Be free of debt to Latrobe City Council and have no outstanding acquittals from previous Latrobe City Council grant applications;
- Reside in Latrobe City; and
- Hold a current Health Care or Pension Concession card.

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Do you meet the eligibility criteria? *

☐ Yes

You must confirm that all statements above are true and correct. If you do not meet the eligibility criteria you will be considered ineligible to apply.

Please provide a copy of your Health Care or Pension Concession card: *

Attach a file:

If you require assistance to upload this document, please contact the Senior Grants Officer on 1300 367 700

Please provide a copy of the evidence of selection or eligibility to participate: *

Attach a file:

This could include a letter or email from the club evidencing your identity and offer of participation.

Privacy Notice

The personal information requested on this form is being collected by Latrobe City Council for the purpose of administering your application. The personal information collected about you and your organisation will be used solely by Latrobe City Council for that primary purpose or directly related purposes. It will not be disclosed to any external party without your consent, unless required or authorised by law.

If you choose not to provide this information, then we will be unable to process your application. You have the right to access and/or correct your personal information. Queries or requests for access to your information should be made to the Privacy Officer at Latrobe City Council on 1300 367 700.

Club/Organisation and Participant Contact Details

* indicates a required field

Club/Organisation Contact

Name *

Title

First Name

Last Name

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Details of the Club person who is the contact for this application.

Position held in club/association: *

Postal Address *

Address

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

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If this is a PO Box, click on the text box and select "Can't find your address?" to enter it manually.

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Participants Details

Participant *

Title First Name Last Name

The name of the child/young person who is participating in the activity

Phone Number *

If under 18, please enter the parent/guardian contact number

Participant Residential Address *

Address

Suburb State Postcode

To be eligible, applicants must reside in Latrobe City.

Gender *

☐ Male ☐ Female ☐ Other

Is the participant aged 17 years or younger? *

☐ Yes ☐ No

Participants under 18 will need to provide the details of a parent or guardian.

Parent or Guardian

If participant is under the age of 18, he or she will need to provide further details

Parent or Guardian name *

Relationship to participant *

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Emergency Contact number *

Email *

Must be an email address.

Assessment

* indicates a required field

Assessment

All applications will be assessed for eligibility against the **Participation Sponsorship Program Guidelines**.

Name of the activity the individual is participating in? *

e.g. Football, Netball, Cricket, Dancing, Performing Arts etc

Name of club/association the individual has been selected for? *

e.g. Southside Junior Football Club, Paxhill Junior Football Club, Morwell Baseball Club etc

Age group the individual has been selected in? *

e.g. Under 10's, Under 12's, Under 14's (if no age group please selected N/A)

How many years has the individual participated in the activity? *

- ☐ 1 year
- ☐ 2 years
- ☐ 3 years
- ☐ 4 years
- ☐ 5+ years
- ☐ Unsure

If this is your first year, select 1. If this is your second year, select 2 etc

How will Latrobe City Council's support for the project be recognised? *

Word count:

Must be no more than 100 words.

e.g. thank you letter, social media, etc. Latrobe City can provide you with a letter template if required.

Budget

* indicates a required field

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If you application is successful, funds will be paid directly to the club/association listed within the application.

Total Amount Requested

*

\$

Maximum funding amount is \$250

Total Cost *

\$

Include any Parent/Guardian contribution

Participation costs may include participation fees, compulsory equipment and uniform purchases.

Expenditure Item

Expenditure Amount (\$)

Club fees, football boots, hockey stick etc	
	\$
	\$
	\$
	\$

What expenditure item or items will Latrobe City Council funding be used for? *

Example: Membership fees, compulsory playing uniforms, mandatory equipment, necessary activity items

Evidence of Project Costs

You are welcome to upload quotes or evidence of item costs to support the amounts included in the expenditure column. This will help support the amount requested:

Attach a file:

Invoices from the club which shows the cost of the activity. Including any compulsory equipment and uniform purchases.

Declaration

* indicates a required field

Declaration

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This section must be completed by the applicant or if under the age of 18 an authorised person on their behalf.

I certify that:

- to the best of my knowledge all details supplied in this application and in any attached documents are true and correct;
- I am authorised to complete this application on behalf of the applicant and have read and understood the certification and privacy notice;
- on behalf of the applicant I accept the terms and conditions set out in:
 - this application form, including but not limited to the incorporated funding agreement; and
 - the grant program guidelines; and
- I understand that if this grant application is approved, there may be additional terms and conditions outlined in the outcome notification email that the applicant will be required to accept as a condition of receipt of the grant.

I agree *

☐ Yes

Name of authorised person *

Title First Name Last Name

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Applicant, parent or guardian, or auspice organisation representative

Position *

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Applicant, parent or guardian, or auspice organisation representative

Contact phone number *

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

Contact Email *

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Date *

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