

**CARLOW SPORTS PARTNERSHIP**  
**LOCAL SPORTS DEVELOPMENT SMALL GRANT**  
**SCHEME**

**APPLICATION FORM 2020**

**CLOSING DATE MONDAY 16<sup>th</sup> NOVEMBER 2020**



CARLOW  
COUNTY COUNCIL



SPORT  
IRELAND

## **Section 1: Club/Group General Profile**

### **1. Applicant Details**

Name of Club/Group: \_\_\_\_\_

Web Address: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Secretary: \_\_\_\_\_

#### ***Details of Contact Person for Club/Group to be listed on Sports Partnership Website...***

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

Position in club: \_\_\_\_\_

Address: \_\_\_\_\_

Tel No: \_\_\_\_\_

Email: \_\_\_\_\_

### **2. Bank Account Details:**

All payments will be processed directly to your Bank/Building Society Account.  
Please provide the following details:

Name of Bank/Building Society \_\_\_\_\_

Address of Bank/Building Society \_\_\_\_\_

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

Sort Code: \_\_\_\_\_

Account No.: \_\_\_\_\_

### **3. Affiliation**

(i) Is your club/group affiliated to a National Governing Body (NGB)?

Yes  No

(ii) If yes, please state name of NGB. \_\_\_\_\_

(iii) Is your club a member of the Public Participation Network? Yes  No

**4. Club/Group membership details: (please give numbers)**

<b>Age Group</b>	<b>Male</b>	<b>Male with a Disability</b>	<b>Female</b>	<b>Female with a disability</b>
12 years and under				
13 – 18 years				
19 – 45 years (Senior)				
46 years plus (Veteran)				
<b>Totals</b>				

**Please complete the following table if you have members with a disability. Please provide the number in each category. This information will enable Carlow Sports Partnership to facilitate links to supports where available.**

<b>Physical</b>	<b>Learning</b>	<b>Deaf / Hard of hearing</b>	<b>Blind / Visual Impairment</b>	<b>Mental Health</b>	<b>Special Olympics</b>

**Section 2: About your Club/Group**

*(Please add additional sheets if necessary)*

**5. Please describe the purpose of your club/group and specify the sports/physical activities you currently provide for your members:**

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**6. Child Protection**

(i) Does your club have a child protection policy? Yes  No

(ii) Has a rep from your club/group attended a certified Safeguarding Children awareness course? Yes  No

If yes, name of rep(s) and number(s) on cert:

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***Please Note:** County Carlow Sports Partnership can organise Safeguarding training specifically for your club and at your club location if required. Contact the office for further details.*

**7. Does your club/group offer opportunities for participation for people with disabilities?** Yes  No

Please detail \_\_\_\_\_

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Would your club be interested in attending online training on Adapted Physical Activity for People with Disabilities? Yes  No

**8. Does your club/group have any specific training needs for coaches, volunteers and administrators?**

If yes, please list below as the Sports Partnership may be able to assist in addressing these needs and/or sourcing a relevant training course.

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**13. What are the associated costs?**

(Give full breakdown and itemize costs and please attach supporting quotations).

<b>Cost Area</b>	<b>Amount</b>
<b>TOTAL</b>	<b>€</b>

**14. Does your club target any of the following, please provide numbers of current members.**

<b>Target Group</b>	
<b>Women &amp; girls</b>	
<b>Older Adults</b>	
<b>People with a disability</b>	
<b>Ethnic Minorities</b>	
<b>Non Irish Nationals</b>	
<b>People living in designated disadvantaged areas (RAPID/CLAR)</b>	





**Declaration by Club / Group / Organisation Official Rep**

I have read and understand the guidelines and criteria and I declare that the information supplied on this application form is complete, correct, and accurate in every respect. This application form must be signed by two members of the club/group committee.

**FIRST SIGNATURE**

**SIGNED:** (on behalf of club/group): \_\_\_\_\_

**NAME** (Block Capitals): \_\_\_\_\_

**Position:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**SECOND SIGNATURE**

**SIGNED:** (on behalf of club/group): \_\_\_\_\_

**NAME** (Block Capitals): \_\_\_\_\_

**Position:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**GDPR**

**Do you give your consent for Carlow Sports Partnership to retain your club/group contact details to add to a web based Carlow Club & Physical Activity Group Directory and to add the email contact to our club database to provide updates on programmes, training, and club development supports?**

Yes  No

**Closing date for receipt of applications is  
Monday 16<sup>th</sup> November 2020**

**Completed application forms should be  
returned to:**

Sports Development Small Grant Scheme 2020  
Carlow Sports Partnership  
Community, Housing, Recreation & Amenity  
Department  
Carlow County Council  
Athy Road  
Carlow  
R93 E7R7

Tel: 059 9136207 / Mob: 087 2145262  
Email: [mjduggan@carlowcoco.ie](mailto:mjduggan@carlowcoco.ie)

**THE DECISION OF THE COUNTY CARLOW  
SPORTS PARTNERSHIP  
ADVISORY COMMITTEE IS FINAL.**