

Youth Representation

For young people aged 24 years or under selected to represent at a State or National event

Personal Information	
Name of Participant <i>(over 18 years)</i>	
Name of Applicant <i>(if different to above)</i>	
Date of Birth of Participant(s)	
Address	
Postcode	
Email contact	
Phone contact	
Contact person <i>(if not Applicant)</i>	
Is the participant aged 24 years or under	<input type="checkbox"/> Yes <input type="checkbox"/> No

Event Information	
Name of Event	
Event Description	
Event Dates:	
Location of Event:	
Is this a Nationally or Internationally recognised Event / Program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Team / Group the participant will represent:	
Age group the participant will represent:	
Please attach Official Information regarding the Event and attach Official advise of selection.	

Privacy Statement:

The personal information provided on this form will be managed in accordance with the *Privacy and Personal Information Protection Act 1998*.

Confirmation Of Selection:	
(To be completed by Relevant Association or Governing Body)	
I HEREBY VERIFY THAT _____ HAS BEEN SELECTED TO REPRESENT _____ AT _____ ON _____	
Name of Authority / Governing Body	
Name (Please print):	
Position:	
Contact Phone Number:	
Signature:	Date:

Financial Request	
<i>Funding will be provided in accordance with the criteria outlined in the Community Grants and Donations Policy 2018.</i>	
Amount Requested:	\$ _____
What will the funds be used for?	
Have you previously received Youth Financial Assistance from	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide the date and the reason for assistance _____ _____	

Payment Information		
Please provide Banking Details to assist prompt payment should your application be successful.		
Bank / Financial Institution		
Account Name		
BSB:	Account No:	ABN Number:

Declaration of Applicant / Participant

- I the undersigned certify that the information provided is true and correct.
- I have read the **Community Grants and Donations Policy** regarding **Youth Representation**.
- I have attached all requested information.

Name of Applicant / Participant (<i>Print</i>)	
Signature:	Date:
Parent / Guardian (<i>if Applicant under 18</i>)	

Forward your application to:

Mail: Manager Community Capacity Building
Bayside Council
PO BOX 21 Rockdale NSW 2216

Email: grantsanddonations@bayside.nsw.gov.au

In Person: Bayside Council Customer Service Centres

- **Westfield Eastgardens**, 152 Bunnerong Road, Eastgardens
- **Rockdale Council Building**, 444-446 Princes Highway, Rockdale