

Hardship application form

Form Preview

Eligibility

* indicates a required field

Program name

This field is read only.

Applicants: please note

The Hardship program has been established under the Community Support Program to provide financial assistance to families, communities, and individuals to ensure there are no barriers to participate in Netball.

Applicants applying for funding are members struggling through hard times and who require financial assistance to continue to participate in our sport.

Applicants will be assessed on all information provided, and a request may be made to provide more evidence/clarification on your situation. Every application must contain true and accurate information.

Please note, a support letter from your Club, Association or League is required to confirm how you are currently experiencing hardship.

If applying for membership or club fees, applicants must submit either an invoice for outstanding membership or club fees, or proof of payment where membership or club fees have already been paid.

Applications will be assessed by the Netball Victoria grant assessment panel. Approvals will also be subject to an annual budget until the funds are exhausted.

Your information is kept in accordance with our privacy policy which can be found on our website [Privacy Policy | Netball Victoria](#)

Please view the [Guidelines](#), and [Terms and Conditions](#).

If you have any questions in regard to these eligibility criteria, please contact **nvcommunitysupport@netballvic.com.au**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

The identification number or code for this submission.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines, terms and conditions
- you must be affiliated with a recognised club, association or league.

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- you must have an Australian bank account.

You must confirm that all statements above are true and correct. *

Yes

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Privacy Policy | Netball Victoria](#)

Applicant Information

* indicates a required field

Are you applying on behalf of someone else?

Yes

No

Affiliate Details

Affiliate

Individual Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Affiliate Position

Affiliate Primary Phone Number

Must be an Australian phone number.

Affiliate Primary Email

Must be an email address.

Applicant Details (Person completing the form)

Applicant *

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Title First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant postal address

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Further information

* indicates a required field

Applicant Netball Victoria Membership Number

Applicant Association or League name *

Must be no more than 25 words.

Applicant Netball Club

Is the applicant playing in multiple completions/teams?

Do you identify with any of the following? *

- Aboriginal or Torres Strait Islander
- Culturally & Linguistically Diverse (CaLD)
- Person with a Disability
- No

Do you qualify for the Victorian State Government - Get Active Victoria Kids \$200 Voucher Program? *

- Yes
- No

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Has the applicant received assistance from the Netball Victoria hardship program in the last 12 months? *

- Yes
- No

Total Amount Requested *

Must be a dollar amount and no more than 500.

What is the total financial support you are requesting in this application?

Please provide details on how the applicant is experiencing financial hardship. *

What will the requested funds be used for? *

- Netball Victoria Membership
- Coach or Umpire accreditation fees
- Club Fees
- Uniform
- Other

At least 1 choice must be selected.

If other, please elaborate:

Does the applicant or guardian have a valid health care or concession card? *

- Yes
- No

Please upload a support letter from the Netball Club or Association / League (this is NOT your invoice for fees etc) *

Attach a file:

Please upload a copy of your valid health care or concession card

Attach a file:

Please upload an invoice, quote or club fee letter to support the request. *

Attach a file:

Certification and Feedback

* indicates a required field

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Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

Name of authorised person *

Title First Name Last Name

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Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

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Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

--

Must be an Australian phone number.

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

Email *

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Must be an email address.