

**Australian Professional Skaters' Association Inc**

# **Funding Program**



## **GUIDELINES AND APPLICATION BOOKLET**

- **Coach and Official Development**
- **Administration Development**
- **International Travel**
- **State Organisation Initiatives**
- **Club Initiatives**

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## 1. Introduction

As part of the Australian Professional Skaters' Association Incorporated's (herein known as APSA Inc) objective of striving for excellence in coaching, a funding program has been developed with the aim to develop and extend skills, knowledge and networks for our members.

Funding is offered in the following categories:

- Coach and Official Development
- Administration Development
- International Travel
- State / National Organisation Initiatives
- Club Initiatives

## Who is eligible to apply

- Coaches who are members of a State Member Branch of APSA, permanent Australian residents currently involved in coaching on a weekly basis.
- Club associations
- State Skating Association Inc
- Ice Skating Australia Inc

## How to apply

- a) Complete the application form
- b) Provide necessary supporting information
- c) Lodge your completed application (including Statement of Support) with APSA Inc.

**N.B THERE IS NO CLOSING DATE FOR APPLICATIONS HOWEVER FUNDING IS LIMITED TO BUDGET ALLOCATIONS THAT ARE MADE AT THE START OF EACH NEW FINANCIAL YEAR.**

Additional Guidelines and Application Booklets can be obtained from the Australian Professional Skaters' Association Inc website – [www.apsa.net.au](http://www.apsa.net.au)

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## **2. Categories**

### **Coach and Official Development Funding**

The Coach and Official Development Funding is offered to coaches wishing to undertake accredited training or other education in coaching or officiating as a technical specialist. It is open to coaches from grassroots to elite level.

Applicants must identify the relevant education, training or development activity that they will undertake with the assistance of the funding. They must also advise of any other funding assistance they expect to receive.

Examples of eligible professional development activities include accredited or recognized coaching or officiating training courses, relevant conference registration and tertiary level coaching qualifications.

**Only one application per person will be considered.**

### **Administration Development Funding**

The Administration Development Funding is offered to members wishing to undertake training or other education in aspect to management, administration or other roles necessary in the running of APSA Inc.

Applicants must identify the relevant education, training or development activity that they will undertake with the assistance of the funding. They must also advise of any other funding assistance they expect to receive.

Examples of eligible professional activities may include finance, administration, management, governance or leadership, member protection courses, child protection courses, mediation. Long and short courses covering these and other relevant topics are offered by a number of organizations that includes but is not limited to:

- Australian Sports Commission
- State Government Department of Sport and Recreation
- Universities
- Community Colleges

**Only one application per person will be considered.**

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## **International Travel Funding**

The International Travel Funding offers coaches an opportunity to develop overseas networks, learn about coaching at an international level and access a wide range of information and resources.

Applicants are required to identify and nominate an international event, working party meeting, international course or training opportunity that relates to their current role in our sport. Attendance at such events is for professional development purposes only. The International Travel Funding is not available for the purpose of taking part in an international event as a competitor, coach, or team official.

The applicant must advise of any additional funding that they expect to receive.

## **State / National Organisation Initiatives Funding**

The State / National Organisation Initiatives Funding gives the State Ice Skating Associations and Ice Skating Australia Incorporated the opportunity to apply for financial support for initiatives that assist in coach development. Applications need to be made using the application for Club, State and National Sporting Organisations.

The State / National Organisation Initiatives Funding is not available for the purpose of paying a coaches fee for conducting, running or organizing any activity that is for the sole purpose of skater development as skater development is the responsibility of the State or National Organisation. However if APSA Inc feels the initiative will also benefit and help with the education of coaches it will be considered. Projects that benefit the broader community of coaches rather than a select few will be given priority.

Examples of eligible initiatives that would benefit both skaters and coaches may include but not limited to information sessions on the IJS system, setting goals and making weekly, monthly and yearly plans, off ice training, on ice sessions on skill development etc.

## **Club Initiatives Funding**

The Club Initiatives Funding gives Figure Skating Clubs in Australia the opportunity to apply for financial support for initiatives that will assist in the development of coaches within their club.

Applications are to be made using the application form for Club, State and National Sporting Organisations.

The Club Initiative Funding is not available for the purpose of paying a coaches fee for conducting, running or organizing any activity that is for the sole purpose of skater development as skater development is the responsibility of the Club, State Ice Skating Association, and Ice Skating Australia Inc. However if APSA Inc feels the initiative will also benefit and help with the education of coaches the project will be given consideration.

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Examples of eligible initiatives that would benefit both skaters and coaches may include but not limited to information sessions on the IJS system, setting goals and making weekly, monthly and yearly plans, off ice training, on ice sessions on skill development etc.

### **3. Assessment and notification process**

#### **Assessment of funding applications**

Applications will be assessed by a Funding Selection Committee comprising of members of the APSA Inc committee.

Applications are assessed on the information provided in response to each of the selection criteria and the supporting information. Details may be checked with course providers etc.

Where applications are deemed to be of equal merit, projects that will benefit the broader community of coaches will be given priority.

#### **Approval of scholarship recipients**

The President of APSA Inc will formally approve funding recipients.

#### **Notification**

Written notification of successful and unsuccessful candidates will be provided following the Presidents approval of recipients.

### **4. Further Information**

If you have any questions about the Funding Program please contact the Secretary of APSA Inc.

# Funding Program

## Application Form For Individuals

Please indicate the funding you are applying for:

**Coach and Official Development**

**Administration Development**

**International Travel**

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

Home address: \_\_\_\_\_  
\_\_\_\_\_

Postal address (if different to home address):  
\_\_\_\_\_

Phone: home: \_\_\_\_\_ work: \_\_\_\_\_

Mobile: \_\_\_\_\_

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

Level of accreditation / education: \_\_\_\_\_

Supporting organization: \_\_\_\_\_

Current role/position: \_\_\_\_\_

I am a permanent resident of NSW

I am a volunteer in NSWPSA Inc

I am a coach

The information that you provide, together with the supporting information, will be used to assess your application.

1. Outline your experience, qualifications and / or training in sport administration or management, coaching, officiating or other leadership roles, including positions held and key responsibilities.

| EXPERIENCE |
|------------|
|            |

| Certificate / Course | Qualification | Date |
|----------------------|---------------|------|
|                      |               |      |

| Position held | Key Responsibilities |
|---------------|----------------------|
|               |                      |

**NB: If appropriate, please attach your current curriculum vitae or resume to this application.**

2. Please provide details of the training program or other professional development activity for which the funding will be used, including dates, course information, or course brochure (please attach), outcomes, costs. **References to websites are not acceptable.**



5. Outline your career plan and major issues you wish to address or projects you wish to undertake within you sport.

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6. Do you require special assistance to attend e.g remote travel, accommodation, child care? (please circle)

**Yes / No**

If yes, please provide details:

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7. The Statement of supports has been completed by my sport or supporting organization and attached to my application? (please circle)

**Yes / No**

## International Travel Scholarship Applicants ONLY

1. Please provide a detailed travel plan including:
  - description of the event, including title, dates, country and host organization

| Event Title | Date | Country | Host Organisation |
|-------------|------|---------|-------------------|
|             |      |         |                   |

- itemized budget including costs associated with travel (air travel and transfers), accommodation and meals, conference fees, resources and other materials

| Item | Amount           |
|------|------------------|
|      |                  |
|      | <b>TOTAL: \$</b> |

- support (financial or in-kind) provided by yourself, other sporting organization or other supporting organization.

| Support Provided | Details |
|------------------|---------|
|                  |         |



**Statement of support from your sporting or supporting organization**

**Statement of Support**

As the \_\_\_\_\_ (Position name) of \_\_\_\_\_  
\_\_\_\_\_  
(club/organization name), I \_\_\_\_\_  
(full name) support this application by \_\_\_\_\_  
(Applicant's name) to apply for the

**Coach and Official Development  
Administration Development  
International Travel**

**(please tick relevant component)**

Component of the APSA Inc Funding Program.

The key benefits I believe that such funding will provide are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

My contact details are:

Phone (daytime): \_\_\_\_\_ Mobile: \_\_\_\_\_

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

**NB:** If necessary APSA Inc may contact the above person regarding this application.

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## **Checklist**

Your completed **application form**

response to each of the **relevant sections**

**Supporting information** is attached where necessary

The **Statement of Support** is attached

Send these documents to:

The Secretary

APSA Inc

2 Queen Street

CROYDON NSW 2137

**I certify that the information I have provided in this application is true and correct.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Privacy Statement**

APSA Inc will collect and store the information you provide to enable processing of applications for the Funding Program. The information you have given to us will be stored and only accessed by authorized personnel and is subject to privacy restrictions. It will only be used by the APSA Inc committee and the program training provider (if applicable). Successful applicants agree to have their name released for promotional purposes.

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# Funding Program

## Application Form

### Club, State & National SO

Please indicate the funding you are applying for:

**State / National Initiatives Funding**

**Club Initiatives Funding**

#### Organisation's Details

|  |  |
|--|--|
| <b>Name of Organisation</b>                              |  |
| <b>Street Address</b>                                    |  |
| <b>State</b>   |  |
| <b>Postcode</b>  |  |
| <b>Postal address (if different from street address)</b> |  |
| <b>State</b>   |  |
| <b>Postcode</b>  |  |
| <b>Organisation's E-mail</b>                             |  |
| <b>Website</b>   |  |

|   |  |
|---|--|
| <b>ORGANISATION CONTACT PERSON</b>                            |  |
| <b>Name</b>   |  |
| <b>Position title</b>   |  |
| <b>Postal address(if different from postal address above)</b> |  |
| <b>State</b>  |  |
| <b>Postcode</b>   |  |
| <b>Telephone</b>  |  |
| <b>Mobile</b>   |  |
| <b>E-mail</b>   |  |
| <b>Facsimile</b>  |  |

## **Principle office bearers**

**(Minimum of two required)**

|                                 |  |
|---------------------------------|--|
| <b>Name</b>                     |  |
| <b>Position title</b>           |  |
| <b>Telephone business hours</b> |  |
| <b>Mobile</b>                   |  |
| <b>Postal Address</b>           |  |
| <b>Postcode</b>                 |  |

|                                 |  |
|---------------------------------|--|
| <b>Name</b>                     |  |
| <b>Position title</b>           |  |
| <b>Telephone business hours</b> |  |
| <b>Mobile</b>                   |  |
| <b>Postal Address</b>           |  |
| <b>Postcode</b>                 |  |

|                                 |  |
|---------------------------------|--|
| <b>Name</b>                     |  |
| <b>Position title</b>           |  |
| <b>Telephone business hours</b> |  |
| <b>Mobile</b>                   |  |
| <b>Postal Address</b>           |  |
| <b>Postcode</b>                 |  |

|                                 |  |
|---------------------------------|--|
| <b>Name</b>                     |  |
| <b>Position title</b>           |  |
| <b>Telephone business hours</b> |  |
| <b>Mobile</b>                   |  |
| <b>Postal Address</b>           |  |
| <b>Postcode</b>                 |  |

## Type of applicant organization

Please tick the box that describes the organization

**Club Sporting Organisation**

**State Sporting Organisation**

**National Sporting Organisation**

**Other, please specify:**

**Aims and expected outcomes for the activity for which funding is sought**

| <b>Aims and Expected Outcomes</b>   | <b>Description</b>  |
|---|---|
| Principle services, activities or events<br><br>Primary target groups and/or beneficiaries of activities<br><br>Estimated number of people benefiting from the organizations activities<br><br><b>Other</b> | <b>Skaters:</b><br><br><b>Officials:</b><br><br><b>Coaches:</b> |

- support (financial or in-kind) provided by your organisation, other sporting organisation or other supporting organisation.

| <b>Support Provided</b> | <b>Details</b> |
|-------------------------|----------------|
|                         |                |

## PROJECT

**Title of the project:**

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**Key dates for the project:**

**Proposed start date:** \_\_\_\_\_

**Anticipated finish date:** \_\_\_\_\_

**Project description**

(1000 characters)

**Briefly describe the main activities that will be undertaken:**

## **Why is the project needed?**

(2000 characters)

**Describe why the project is needed and what outcomes you expect from it. Refer to past projects or other relevant information to support your proposal.**

## **Project budget**

What is the amount of funding being requested in this application?

\$

Total Project Cost

\$

## **If your application is approved how will the money allocated to you by APSA Inc be used?**

Give as much detail as possible (e.g amount to be allocated to each coach and for what, amount to be put towards the moderators of the event etc)

## CONTACT

### Project contact person

|                       |  |
|-----------------------|--|
| <b>Name</b>           |  |
| <b>Position title</b> |  |
| <b>Postal address</b> |  |
| <b>State</b>          |  |
| <b>Postcode</b>       |  |
| <b>Telephone</b>      |  |
| <b>Mobile</b>         |  |
| <b>E-mail</b>         |  |
| <b>Fascimile</b>      |  |

## LOCATION

### Location of project

\* Which state in Australia will the project be conducted : \_\_\_\_\_

\* Project will occur at multiple locations    Yes                  No(list below)

## BUDGET

| <b>A. FUNDING</b>   | <b>\$</b> |
|---|-----------|
| <b>Funding requested from Clubs</b>   |           |
| <b>Funding requested from State Associations</b>                                    |           |
| <b>Funding requested from State Government<br/>eg. dept of sport and recreation</b> |           |
| <b>Funding requested from Federal Government</b>                                    |           |
| <b>Other:</b>   |           |
| <b>Sub-Total (A)</b>  |           |



# OBJECTIVES

## Meeting the funding program objectives

Explain how the project will deliver one or more of the program objectives.

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# CAPACITY

## Organisational capacity

Describe the capacity and / or experience of your organization to deliver the project by providing examples of other projects / activities that demonstrate this:

| YEAR | DESCRIPTION |
|------|-------------|
|      |             |
|      |             |
|      |             |
|      |             |

## OUTPUTS

### Project outputs and outcomes

Who will benefit from the project?

| Beneficiary/<br>target group | Number of participants | Benefit to the participant                         |
|------------------------------|------------------------|--|
| e.g Coaches                  | 20                     | gain knowledge in teaching<br>basic skating skills |
|                              |                        |  |
|                              |                        |  |
|                              |                        |  |
|                              |                        |  |

## OUTPUTS

### Long term benefit of project

What is the longer-term benefit to the skating community? (2000 characters)

**Describe the overall intended outcomes of the project and any strategies that will be used to sustain the achievements.**

# PARTNERSHIPS

## Project Partners

If your project involves other partner organizations, please provide the following details for each organization in the partnership.

|                  |                         |  |
|------------------|-------------------------|--|
| <b>Partner 1</b> | Name of organization    |  |
|                  | Contact person:         |  |
|                  | E-mail                  |  |
|                  | Telephone               |  |
|                  | Role in Partnership     |  |
|                  | Contribution to project |  |
| <b>Partner 2</b> | Name of organization    |  |
|                  | Contact Person:         |  |
|                  | E-mail                  |  |
|                  | Telephone               |  |
|                  | Role in Partnership     |  |
|                  | Contribution to project |  |
|                  |                         |  |

## DECLARATION

### DECLARATION BY APPLICANT

#### Consent to disclosure

I agree that if successful, details about the project such as the applicant organisation's name, project name and description and amount of funding may be used by NSWPSA Inc for promotional purposes.

YES

NO

#### Declaration

The declaration below must be agreed to by a ***person who has delegated authority to sign on behalf of the organization e.g CEO, President or authorized member of the Board of Management, Council or Committee.***

1. I certify that the information given in this application is true and correct.
2. I have read and acknowledge all sections of the "Guidelines and Application Brochure".

Agree

Yes

No

Date

Print Name

Position title in organization

Signature

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**Warning: Once this application is submitted, no further changes will be possible.**