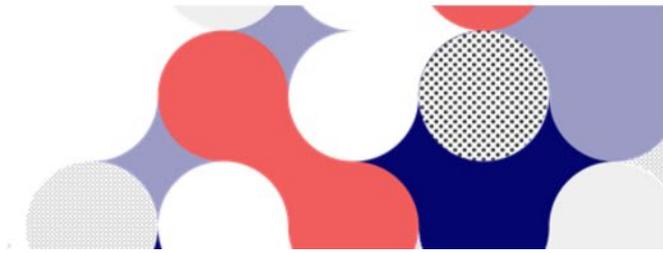




www.derbyshirenetsball.co.uk



Here to Help - Derbyshire Netball Application Form

Please complete and return to chair@derbyshirenetsball.co.uk

We understand that there may be times when you need a little helping hand to enable you or the people you care for to play or participate in netball. We may be able to help.

To be eligible for this help the netball participant must meet one (or more) of the following criteria:

- 1. Currently eligible, or have been eligible within the last 6 years, for free school meals**
- 2. Parent, or carer, in receipt of a means tested benefit such as universal credit or housing benefit**
- 3. Sudden loss or significant change of household income**

Please provide a few details of your need for financial assistance below (including which of the above criteria are fulfilled) and any other information which may help support your application and send to the above email address.

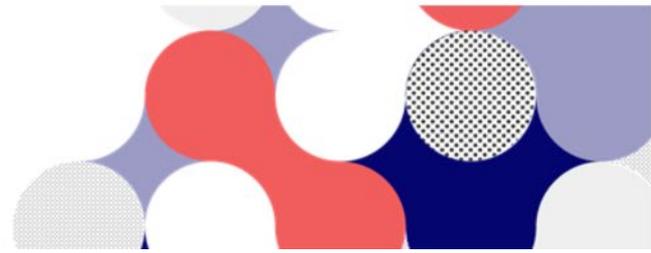
Your case will be reviewed by three members of our County Management Board and this will be completed in strictest confidence. Receipt of your request will be acknowledged by email and if further information is needed to assess your request, you will be contacted directly.

We aim to turn any requests around within 14 days of receipt and you will be contacted with the outcome.

Approved requests will require applicant bank details and these will be requested as necessary.

Each application will be judged on its individual merits and Derbyshire Netball's position at the time of application. If approved, Derbyshire Netball may be able to provide funds in full or to offer a contribution.

Please complete Application Form and return to chair@derbyshirenetsball.co.uk



Application Form

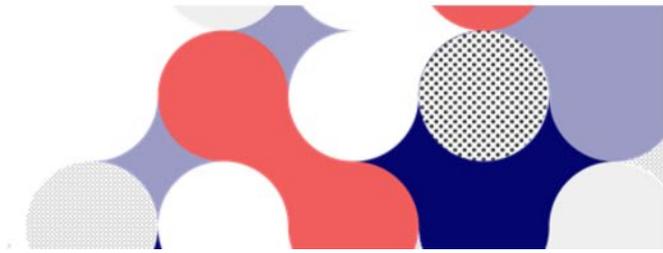
Personal Details – (Person the application applies to)

Participant's Name:	
England Netball ENgage Number:	
Participant's Club:	
Participant's Address:	
Participant's Email address: (if over 18 years of age)	
Participant's Contact Tel No: (if over 18 years of age)	

Details of the person completing this application form on the participant's behalf (must be over 18 years of age)

Applicant's Name:	
Applicant's England Netball ENgage Number: (if applicable)	
Applicant's Address: (if different to the above)	
Applicant's Email address:	
Applicant's Contact Tel No:	
Relationship to participant requesting help:	

Eligibility Criteria	Please tick all that apply:
1. Currently eligible, or have been eligible within the last 6 years, for free school meals	
2. Parent, or carer, in receipt of a means tested benefit such as universal credit or housing benefit	
3. Sudden loss or significant change of household income	



Netball Activity & Support Needed

What netball activity are you applying for?	
Please give details including purpose and dates of support funding is required,	
What is the cost (including breakdown) of the netball activity you are applying for funding?	£
How much funding are you requesting from Derbyshire Netball Association? [Note: maximum grant of up to 50% of total cost]	£
Have you previously applied for funding from Derbyshire Netball or any other source? IF Yes , please provide details including date, amount and for what purpose.	
Have you applied for funding from any other source towards this funding application? IF Yes , please provide details including date, amount and for what purpose.	

Please provide details of your need for financial assistance in-line with the eligibility criteria.
Please give any further details which you think may help towards this application for funding from Derbyshire Netball Association.

Signed Applicant	
Signed participant (if over 18 yrs)	
Date:	