



# GIFTED AND TALENTED AWARD



This application form is for SportsAid and Lambeth Council's Gifted and Talented award scheme only and cannot be used for another scheme. The Scheme is administered by SportsAid London and Lambeth Council  
Please use BLACK INK and BLOCK letters

<b>Full Name:</b>	Forename(s)	Surname	male / female	date of birth:	age:

**Permanent address:**

	Post Code:
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Tel no:	E – mail: (important)	District/Local Authority:
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**Present address (if different from above):**

	Post Code:
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<b>IF STUDYING:</b> Name of School/College/University	City/Town	Do you expect to be in full-time education this time next year?	YES / NO
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**INCOME:** Total income from all sources (tick one box): Nil  less than £10,000  over £10,000

**ETHNIC ORIGIN** (info for statistical purposes only): Asian  African-Caribbean  White  Mixed Race  Other  **Please see page 3**

<b>SPORTING DETAILS</b>	<b>DISABILITY SPORT</b>
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<b>SPORT :</b>	<b>Event (if appropriate):</b>	<b>Type:</b>
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**Teams**

Please indicate any teams or squads of which you are currently a member by ticking the appropriate box(es)

	<b>Junior team (which age group?)</b>	<b>Other (please give details)</b>
<b>Regional</b>		
<b>England</b>		

**Current Ranking(s) if applicable (not applicable for team sports) - Give details of your current ranking at the various levels indicated**

Event(s)	Age category	British	English	Regional	Club

**Results - Please give your results in the main competitions in which you have competed in past two seasons**

Date	Name of competition	Your Event	Age category	Your result

**Aims - Please indicate your realistic sporting aims (e.g. future selection, competitions & targets):**

<b>This coming season</b>	<b>Long Term</b>

**Now complete the questions overleaf, then sign the form and hand it in to your coach**

**Training costs** - Please give indications about your training costs and the expenses relating to the practise of your sport

Transport, travel for training and charges for use of training facilities	£.....per year
Cost of lodging in training away home (not normal living costs)	£.....per year
Costs of special food (additional to normal diet)	£.....per year
Costs which you incur for essential preparatory competition not otherwise aided	£.....per year
Coaching fees which you necessarily incur	£.....per year
Cost of items of personal equipment which you need to buy out of your own pocket	£.....per year
<b>Evaluation of your whole training costs</b>	<b>£ .....per year</b>

**FURTHER INFORMATION** – Please indicate any other personal information that you wish SportsAid and Lambeth Council to take into account when assessing a possible grant

**DECLARATION** – I understand that details of any grant which I receive may be given to the media. I am willing for my address (\*) and telephone number (\*) to be given to the media and to be passed to potential sponsors. (*\*If you do not wish your address and/or telephone number to be disclosed to the media please delete as appropriate*). I understand also that if I am suspended by my club or governing body for an infringement of its rules and regulations my grant will be stopped and, in the case of doping, I may not receive further grant after completion of my suspension. There will be an athlete agreement document between Lambeth Council and myself. I recognise that the intention of this developing talent award is to enhance my opportunity to train to represent the regional and national team in my chosen event and if successful with my application I undertake to use the grant to enhance my training and to be available to represent my borough and region whenever reasonably possible.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_  
*(where an applicant is under 18 the form should be signed by a parent or guardian)*  
**NOW FORWARD THIS FORM TO YOUR COACH**

**COACH REPORT** – This report is an essential part of the application process and must be completed in full before the application can be considered. If uncompleted, the application will not be considered. **Please attach a cover letter detailing any additional information that does not fit in the form of one page in length.**

To the best of my knowledge **the information provided by the applicant on this form:**  
 Is **correct**  OR Is **not correct** and must be amended as indicated below   
 and I confirm that this applicant does **not receive any financial support from other institutional sources** (SportsAid, TASS, Lottery funding):  
 YES / NO (circle as appropriate)

**Are the Long-Term Aims indicated overleaf realistic and achievable?** YES / NO (*circle as appropriate*)

Report on the future potential of the applicant to compete successfully with any evidence to support this view:

Report on any relevant personal circumstances of the applicant that should be taken into account by SportsAid and Lambeth Council when considering the application:

**I support this application and hereby submit it for consideration for a SportsAid/Lambeth Council grant** Date: \_\_\_\_\_

Signed:	PRINT NAME:
Club :	Position in Club :

**External use only**  
**National Governing Body Feedback**

## Ethnic Origin

Please tick the relevant box. The information collected is for statistical purposes only.

<b>ABOUT YOU</b>	What is your ethnic group? Please choose one selection from (a) to (e) and then tick the appropriate box to indicate your ethnic origin.
(a) White	<input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Eastern European <input type="checkbox"/> Portuguese <input type="checkbox"/> Other. Please specify: _____
(b) Dual Heritage	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Other. Please specify: _____
(c) Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Other. Please specify: _____
(d) Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Somali <input type="checkbox"/> Other. Please specify: _____
(e) Chinese or Other	<input type="checkbox"/> Chinese <input type="checkbox"/> Other. Please specify: _____