Regional Baseball Visitation

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| Request Form |

**Association’s Details:**

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| --- | --- |
| Organisation Name: |       |
| Postal Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Street Address: |       |
| Suburb: |       | State:       | Postcode:       |
| Contact Phone:       | Facsimile:       |
| Website:       | Email Address:       |

**Preferred contact person:**

*All application correspondence will be directed to this person*

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |       | Title: | Dr [ ] Mr[ ]  Mrs[ ]  Ms[ ]  |
| Position Held: |       |
| Contact Phone: |       | Facsimile:       |
| Mobile Phone: |       | Email:       |

**Visit:**

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| **Visit Start Date** *(DD/MM/YY)*:      | **Visit End Date** *(DD/MM/YY)***:**       |
| **Location of Project** *(include suburb/ Local Government )***:**       |

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| **Brief Project Description:**Please provide a brief outline in 2 or 3 sentences of what your project will achieve and how will it occur:*For example:** ***Participation*** *– The project will help to improve the baseball skills of multicultural youth, so they are more confident in participating in the sport.*
* ***People Development*** *– The project will offer the opportunity for youth leaders and the organisation’s staff to become accredited baseball coaches/umpires.*
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| **Is this a new project**?Yes [ ]  No [ ] If no, how many years has the project/program been offered -       |

**Funding Categories:**

Please categorise the target group for your project *(You may select more than one option here)*

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| --- | --- | --- |
| 1. **Developing local programs**

[ ]  MP70 program activation[ ]  Junior baseball activation[ ]  Senior baseball activation[ ]  Women’s baseball activation [ ]  School competition activation [ ]  Other Please specify:       | 1. **Capacity Building**

[ ]  Coaches[ ]  Officials[ ]  Club/Association[ ]  Volunteers | 1. **Attending a Promotional Event**

Yes [ ]  No [ ] Specify: |

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| **Please tick relevant target age groups** |
| [ ]  0 to 4 Inclusive [ ]  5 to 8 Inclusive [ ]  9 to 11 Inclusive [ ]  12 to 14 Inclusive [ ]  15 to 17 Inclusive [ ]  18 to 24 Inclusive  | [ ]  25 to 34 Inclusive [ ]  35 to 44 Inclusive [ ]  45 to 54 Inclusive [ ]  55 to 64 Inclusive [ ]  65+  |

**Sport / Recreation Activities:**

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| List up to five sporting / recreation activities which the Development Officer will be required to undertake directly benefitting your proposal. |
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**Visit Details:**

Please provide a brief description of what your project will involve – *Dot points only*

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| * **What does your project involve?**
* *How often will the activity/activities take place?*
* *Who will be participating and how many approximately?*

*e.g. Exercise program taking place once per week / twice per week, with 15-20 people per session* |
|       |
| * **How will you recruit / promote the project?**
* *How and where will you find your participants?*
* *How will you advertise the program?*

*e.g. Promoting to community through…organisations such as…programs such as…* |
|       |
| * **Who will you work with?**
* *Who are your project partners?*

*e.g. Working with local governments, state sporting associations such as…* |
|       |
| * **How will you deliver this project?**
* *Number of session?*

*e.g. Carnival -event – series of days – sessions*  |
|       |
| * **Why do you want to run this project?**
* *Why do you need the financial support?*
* *What exists now that people cannot participate in?*
* *How did the idea come about?*

*e.g. A lot of inactive members in the community who are interested in getting healthier* |
|       |
| * **What will be the legacy resulting from this project?**
* *How will participants be encouraged to join ongoing programs / groups, so they remain physically active into the future?*
* *How will participants be encouraged to remain active after the grant funding finishes?*
* *What is your plan when the grant finishes?*

*e.g. Will promote KidSport and join local clubs / existing programs; Some participants or parents will become accredited coaches/umpires* |
|       |
| * **Any additional information?**
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|       |

**Visit Budget:**

Please list all anticipated visit requirements that can be provided by your local association

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| --- | --- | --- |
| We can provide…… | **Value** | **Source** |
| CASH |       |       |
| CAR |       |       |
| ACCOMMODATION |       |       |
| Other |       |       |
|  |       |       |
|  |       |       |
|  |       |       |
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**Disclosure and Certification**

**Child Safeguarding Information:** *(For projects targeting children under 18 years old)*

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| **Keeping children safe is a whole of community responsibility. If you are delivering a project that involves children under the age of 18, we strongly encourage you to understand your organisations responsibilities. This includes complying with the Working with Children Check (Criminal Record Checking) Act 2004, developed to work alongside other child safeguarding strategies to help protect children in Western Australia.** **Use the following resources to assist your organisation to protect children and young people:*** Safe Clubs 4 Kids workshops and resources

[www.dlgsc.wa.gov.au/support-and-advice/safety-and-integrity-in-sport/sportsafe/safe-clubs-4-kids](http://www.dlgsc.wa.gov.au/support-and-advice/safety-and-integrity-in-sport/sportsafe/safe-clubs-4-kids) * Working with Children Check legislation

[www.workingwithchildren.wa.gov.au](http://www.workingwithchildren.wa.gov.au/) * ‘Club toolkit’ on the Play by the Rules website

[www.playbytherules.net.au/features-mainmenu/club-toolkit](http://www.playbytherules.net.au/features-mainmenu/club-toolkit)1. BASEBALL WA may wish to provide your contact details to SportWest to obtain Working with Children Check support \*
2. BASEBALL WA will subscribe the preferred grant contact for this application to the BASEBALL WA industry newsletter, no matter the outcome of this application \*
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| **\*If your project involves children under 18 years old, please acknowledge that you understand and agree to the two statements above (Put ‘X’ here)**  | **[ ]**  |
| **Who within your organisation is responsible for signing WWC Check application forms and manage WWC Check Outcomes?**      |  |
| **Which positions in your organisation do you require the person to obtain a WWC Check?**      |  |
| **How does your organisation record and monitor outcomes of the WWC Checks?**      |  |
| **Has anyone from your organisation attended a Safe Clubs 4 Kids workshop or any other training in relation to keeping children safe?**Yes [ ]  No [ ]  |  |
| **Does your organisation have any other strategies to ensure children are safe within your organisation?**      |  |

**Promotional Use of Project Material:**

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| Baseball WA may wish to use certain information from your grant for promotional purposes. If your application is successful, can we promote your project to the media? | Yes [ ] No [ ]  |

**Privacy statement and statement of disclosure**

The Organisation acknowledges and agrees that this Agreement and information regarding it is subject to the Freedom of Information Act 1992 and that the Grantor may publicly disclose information in relation to this Agreement, including its terms and the details of the Organisation.

All information provided on this form and gathered throughout the assessment process will be stored on a database that will only be accessed by authorised departmental personnel and is subject to privacy restrictions.

BASEBALL WA may wish to provide certain information to the media for promotional purposes. The information will only include the applicant’s club name, sport, location, and grant purpose.

**Applicant’s Certification**

I certify that the information supplied is to the best of my knowledge, true and correct.

I certify that I have the authority, as vested by the Board/Committee/Council/CEO, to submit this application by electronic transmission.

**Name:**

**Office Bearer/Position:**

**Signature:** \*

**Date:**      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_club information**

Please submit the following via email to participation@baseballwa.asn.au