

Opportunity Knocks Application

Form Preview

Opportunity Knocks Subsidy Program

* indicates a required field

Funding Details

- Funding of **up to \$400 per person per year for coaching fees and an additional \$100 per person per year for club membership and/or competition fees** is available.
- Funds will be paid as a reimbursement for expenses against eligible items.
- Funding will be awarded in Semester one for Terms 1 & 2 and Semester two for Terms 3 & 4. Applications will be accepted until each Semester's funding allocation is exhausted.
- Funding may be used to fully or part fund eligible items for the nominated period.

Subsidy Requirements

- Funding will be awarded for club or community coaching programs, not TA or MA high performance programs
- Coaches delivering lessons or programs must be a Tennis Australia Coach Member, meeting all TA child safety requirements
- Competitions must be a Tennis Australia endorsed Competitive Play offering. More information may be found [here](#).

Participant Eligibility

As outlined in the Program Guidelines, funding is available to children and young people who are:

- **aged between 5 - 17**
- **facing financial hardship or disadvantage**
- families have no outstanding reporting requirements for any other Tennis Australia or ATF funding or support programs

I confirm that the participant meets the eligibility criteria outlined above *

Yes No

Contact Details

* indicates a required field

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.

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Applicant Contact Information

Applicant is the person over 18 responsible for the payment of expenses against which the reimbursement claim will be made.

Applicant Name *

First Name

Last Name

Applicant Primary Address *

Address

Applicant Phone Number *

Must be an Australian phone number.

Applicant Email *

Must be an email address.

Relationship to Participant *

EG. Mother, Father, Guardian

Participant Details

Participant is the young player (age 5-17) receiving the coaching, club membership or entering the competitions.

Participant *

First Name

Last Name

Participant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Participant Date of Birth *

Must be a date.

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Participant Gender

Personal Circumstances

* indicates a required field

Demographic Information

Responses will be used to understand demographics of funding recipients only and has no impact on assessment of applications.

Please indicate any of the following circumstances are true for the participant: *

- lives in a community impacted by the 2019/20 bushfire event
- lives in a regional or remote area
- family were not born in Australia
- identify as Aboriginal or Torres Strait Islander
- identify as a member of the LGBTQ+ community

Financial Hardship or Disadvantage

All information disclosed will be kept strictly confidential and will only be viewed by the panel assessing disadvantage. Additional information may be requested if an assessment cannot be adequately reached from information supplied.

Please describe the unfavorable financial circumstances or hardship that reduces your capacity to continue playing tennis unassisted. *

Word count:

Must be no more than 750 words.

Funding Request

* indicates a required field

Please indicate which category of activity you are seeking support for: *

- Coaching fees (max \$400)
- Club membership fees (combined max \$100)
- Competition fees (combined max \$100)

Coaching Fees

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Coaching Program Description

Briefly describe the nature of coaching (ie, when, how long, frequency) EG. Wednesday afternoon 1 hour Hotshots group lesson for term 2 (9 weeks)

Address of Coaching Program

Address

Address of the courts or facility where the coaching will take place.

Coach Name

First Name

Last Name

Tennis Australia Coach Member Number

Coach Email

Must be an email address.

Start Date

Must be a date.

End Date

Must be a date.

Amount Requested

Must be a dollar amount and no more than 400.

Club Membership Fees

Name of Club

Membership type

Duration of Membership

Length of time the membership will last. EG. 12 months

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Amount Requested

\$

Must be a dollar amount and no more than 100.

Combined total with Competition fees cannot exceed \$100

Competition Fees

Name of Competition / Tournament / Event

Certified Tennis Australia Competitive Play Offering

- Yes
 No

Click [here](#) for more information

Amount Requested

Must be a dollar amount and no more than 100.

Combined total with Club Membership Fees cannot exceed \$100

Subsidy Request

Total Amount Requested

\$

This number/amount is calculated.

Have you received any other Opportunity Knocks funding this calendar year? *

- Yes No

If Yes, please provide previous application number

How much was previously awarded?

\$

Must be a dollar amount.

Payment Information

* indicates a required field

Payment Terms

In order to process reimbursement payments, please provide the banking details for the Applicant's nominated account.

Please also attach one of the following supporting documents to verify banking details and ensure funds reach the desired recipient safely:

1. Bank deposit slip

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2. Cheque
3. Screenshot or photo of the bank details via internet banking or physical bank statement (not including balances)

Nominated Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.
Should be the business account used for coaching services.

Supporting Documentation *

Attach a file:

- Bank deposit slip
- Cheque
- Screenshot of bank details via internet banking or bank statement

Declaration and Feedback

* indicates a required field

Declaration

This section must be completed by an appropriately authorised person aged over 18.

Please read and complete the following declaration.

I declare that:

- The information contained in this form is true and correct
- I have read, understood and agree to abide by the Application Guidelines
- I have the authority to submit this application on behalf of the applicant. The applicant is aware that they will enter into a funding agreement with the ATF, should this application be successful
- I have read, understood and agree to the Grant Terms and Conditions, should this application be successful
- I will retain receipts/evidence which document the appropriate expenditure of funding, should this application be successful
- I agree not to misuse any information that is made available to me which was obtained for the purpose of completing this application
- I understand that incomplete applications may not be considered
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this application
- I have no conflicts of interest that may occur related to or from submitting this application.

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I agree *

Yes No

Name of authorised person *

Title First Name Last Name

Should be the Applicant

Contact email *

Must be an email address.

Contact phone number *

Must be an Australian phone number.

Date *

Must be a date.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

Please indicate how you found the online application process

Very easy Easy Neutral Difficult Very Difficult

How many minutes in total did it take you to complete this application?

Must be a number.