

Opportunity Knocks Grant Application Form 2026

Form Preview

Opportunity Knocks Grants Program

* indicates a required field

Program Guidelines

Please ensure you read the full Opportunity Knocks Grant Program Guidelines linked below before completing this application, to confirm eligibility and understand the funding conditions.

[Opportunity Knocks Guidelines 2026](#)

For any queries, please contact: grants@australiantennisfoundation.com.au

I confirm I have read and understand the program guidelines provided in the link above *

- Yes
 No

Participant Eligibility

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

- Aged between **5 and 17 years**
- Experiencing **financial hardship** or **disadvantage**
- Have **no outstanding reporting requirements** for any other Tennis Australia or Australian Tennis Foundation (ATF) funding or support programs
- **Are not currently participating in a Tennis Australia or Member Association high performance program or pathway**, as this grant is not intended for high performance athletesAnd/or
- From families who travel **100km or more** to participate in tennis activities (e.g. coaching, competitions, or official TA courses)

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

- Yes No

Contact Details

* indicates a required field

Applicant Contact Information

The applicant must be a parent, guardian, or caregiver over the age of 18 who is responsible for managing and paying the eligible expenses for which the grant will be used.

Applicant Name *

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First Name

Last Name

Applicant Primary Address *

Address

State *

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

The participant is the young person aged 5 to 17 who will be receiving coaching, club membership, competition entry, or other eligible tennis related support through the grant.

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.

Participant Gender

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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 affected by a natural disaster
- Lives in a regional or remote area
- Is from a culturally and linguistically diverse (CALD) or culturally and racially marginalised (CARM) background
- Identifies as Aboriginal and/or Torres Strait Islander
- Identifies as a member of the LGBTQIA+ community
- Identifies as a person with disability

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

Grant Request

Please indicate which grant period you are applying for: *

- Semester 1 (Terms 1 & 2) - \$500
- Semester 2 (Terms 3 & 4) - \$500

No more than 1 choice may be selected.

Total Amount Requested

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

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Yes

No

Coaching & Club Information

Type of Coaching Program *

If 'other' was selected, please provide further details

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

Lesson Frequency (per week)

- 1
 2
 3 +

Club Name

Address of Coaching Program

Address

Any, but at least one field is required. Country must be Australia
Address of the courts or facility where the coaching will take place.

Please indicate which school terms the participant is enrolled in a tennis program for: (Select maximum of two terms per grant period) *

- Term 1
 Term 2
 Term 3
 Term 4

Coach Name *

First Name

Last Name

Tennis Australia Coach Member Number *

Applications will not be accepted without a valid Tennis Australia Coach Member Number. Please ensure this is provided before submitting, as incomplete applications will not be processed.

Coach Email

Must be an email address.

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Should you need assistance locating a club please visit: [Play Tennis, Hire a Court or Find a Coach | Tennis Australia](#)

Payment Information

* indicates a required field

Payment Terms

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

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.

To verify banking details and ensure funds are transferred securely, applicants must upload a screenshot or photo of their bank account details. This can be from internet banking or a physical bank statement.

The following details must be clearly visible:

- **Bank logo or identifying feature**
- **Account name**
- **BSB number**
- **Account number**

Balance should not be to be included.

[PLEASE CLICK TO SEE EXAMPLE IN GUIDELINES - SECTION 7](#)

Supporting Documentation *

Attach a file:

I can confirm I have uploaded a copy of my bank details with the following clearly displayed *

- Full Name
- BSB and Account Number
- Bank Logo

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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 Opportunity Knocks Grant Program and 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.

I agree *

Yes

No

Name of authorised person *

Title First Name Last Name

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

Should be the Applicant

Date *

Must be a date.

Tennis Australia Policies

For further information on our policies, including privacy policies, please [click here to visit Tennis Australia Policies](#)

Applicant Feedback

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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 to ensure this form is accessible and to help us improve.

Please indicate how you found the online application process

- Very easy Easy Neutral Difficult Very Difficult

Do you have any feedback in regards to the application process?