

Travel Subsidy Grant - Team 2026/2027

Form Preview

Prior to commencing your application, please ensure you meet the eligibility criteria.

* indicates a required field

Please confirm the following:

- 1.I have read and understood the Travel Subsidy Guidelines
- 2.The event is more than four (4) weeks away at the time of submitting this application
- 3.I understand that incomplete applications will not be assessed

*

☐ Yes ☐ No

2. Eligibility Check

You *must* meet the following criteria to proceed:

Are all team members residents of the City of Rockingham? *

☐ Yes ☐ No

Has the team or any team members received a Travel Subsidy Grant this financial year? *

☐ Yes ☐ No

Have all previous grants awarded to the team, club/organisation, or any team members by the City of Rockingham (if applicable) been acquitted? *

☐ Yes ☐ No ☐ N/A

What level of travel are you applying for? *

Is your event start date at least four (4) weeks from your application lodgement date?

☐ Yes ☐ No

Event Start Date *

Must be a date.
Start Date

Event End Date

Must be a date.
End Date

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Providing false or misleading information in this application will result in the application being declined.

Applications will not be accepted for events that have already taken place, as this funding does not support retrospective payments or reimbursements.

Team's Details

*** indicates a required field**

Team Manager/ Primary Contact Name *

First Name

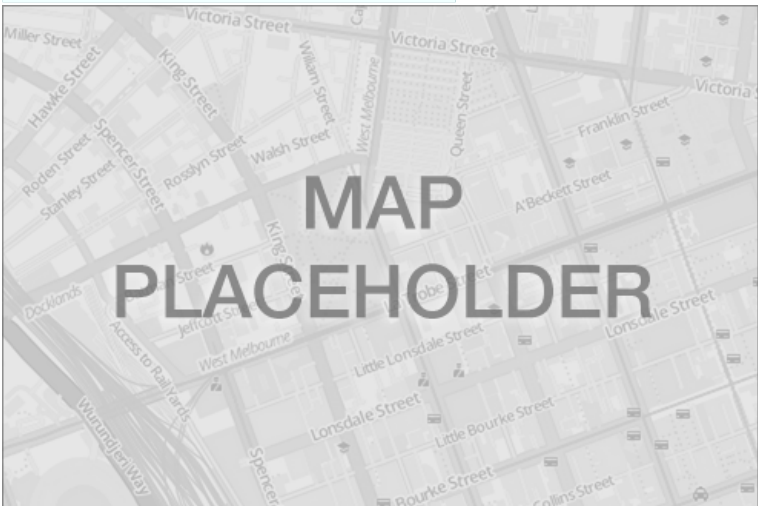
Last Name

Team's Name *

Organisation Name

Team Manager/Primary Contact Primary Address *

Address



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

Team Manager/Primary Contact Postal Address *

Address

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

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Team Manager/Primary Contact Email Address *

Team Manager/Primary Contact Mobile *

Team's Primary Bank Account *

Account Name

BSB Number

Account Number

Note: Must clearly show Bank Institution Name, Account Holder Name, BSB and Account Number

Team Member Details

* indicates a required field

Please provide details for all team members (minimum of 6 participants required).

Use the “Add another” button to include additional team members.

Name	Address

I confirm that all team members listed above meet the eligibility criteria, including residency requirements. *

☐ Yes

☐ No

Event Details

* indicates a required field

Event Title *

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Location of Event *

Address

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

Amount Requested *

Must be a dollar amount.

How much are you requesting funding for

Have you all been selected to represent your sport at a recognised interstate or international event? (Coaches, paid referees, support staff and chaperones are ineligible except Companion Card holders) *

☐ Yes

☐ No

Supporting Documents

* indicates a required field

Please upload proof of City of Rockingham residency *

Attach a file:

E.g driver's license, utility bills, rates notice

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Please upload evidence of the team's bank account details, including account name, BSB and account number *

Attach a file:

Must include account name, BSB and account number on official bank document

Please upload copy of the team's selection letter showing each team member's details *

Attach a file:

Must be on official letterhead and include the team's name, event title, event dates and event location

Declaration and Privacy Statement

* indicates a required field

The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

By submitting this application, I confirm that:

- I am authorised to submit this application
- The information provided is true and correct to the best of my knowledge
- All previous City of Rockingham grants have been acquitted (where applicable)
- I will notify the City of any changes to this application
- I have read and agree to the Travel Subsidy Grant Guidelines

I understand that providing false or misleading information may result in the application being declined, funding being withdrawn, and/or repayment of funds.

Authorised Person's Name *

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First Name

Last Name

If this declaration is being completed by someone other than the applicant, please specify your relationship to the applicant.

I agree to the above Declaration and Privacy Statement *

☐ Yes

Must be a date.