Travel Subsidy Grant - Individual 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 you a City of Rockingham resident? *
○ Yes ○ No - Ineligible

Have you received a Travel Subsidy Grant this financial year? *
○ Yes ○ No

Have all previous grants awarded to you by the City of Rockingham (if applicable) been acquitted? *
○ Yes ○ No - Ineligble ○ 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

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.

Please Note:

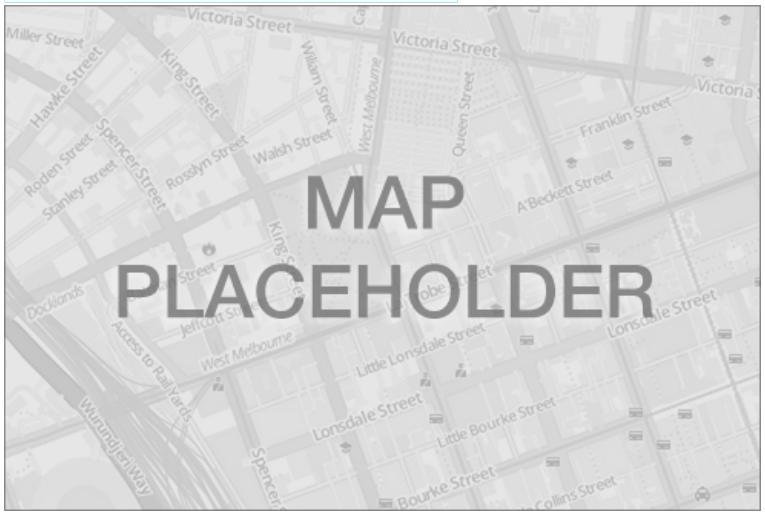
- If six or more applications are received from participants representing the same club, school, organisation or association attending the same event or competition, the applications will be assessed as a team application

Applicant Details

* indicates a required field

Applicant *
First Name Last Name

Applicant Primary Address *
Address



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

Applicant Postal Address *
Address

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

Applicant Primary Email *

Applicant Mobile Phone Number *

Applicant Primary Bank Account *
Account Name

BSB Number Account Number

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

Event Details

* indicates a required field

Event Title *

Location of Event *
Address

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

Amount Requested *

Must be a dollar amount.
Interstate - $300 International - $500

Have you 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

Please upload evidence of your 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 your selection letter *
Attach a file:

Must be on official letterhead and include the applicant’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.