

**DEPARTMENT OF SPORT, ARTS AND CULTURE**

**APPLICATION FORM SPORT AND RECREATION**

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| **INSTRUCTIONS TO APPLICANT :** | | | | |
| 1. Eligible to apply are project managers, event organisers, producers, freelancers, performers and visual artists in all cultural & creative industries as per set criteria. 2. Each applicant must complete (blank spaces) this form to be eligible for COVID-19 Relief assistance.   Applications must be uploaded/send to the following link …. Or sent to the physical addresses below:  Head Office: 21 Biccard Street, Olympic Towers, Polokwane  Postal address: Private Bag X 9549, POLOKWANE, 0700  Contact numbers: (015) 284-4007 or (015) 284-4321  **Physical addresses (District Offices):**  Capricorn District: Provincial Archive Building; Potgieter Street, Polokwane  Mopani District: Government Office Complex; Giyani  Sekhukhune District: Government Office Complex, Lebowakgomo  Vhembe District: Government Office Complex, Thohoyandou  Waterberg District: Government Office Complex, Modimolle  Only applicants that meet the set criteria may apply.  NOTE: Only applicants affected by an event or events cancelled for the period from 16 MARCH TO END JUNE 2020. | | | | |
| **LIMPOPO SPORT CONFEDERATION/ FEDERATION DETAILS** | | | | |
| Sport Confederation/Federation Name | |  | | |
| **Sport Confederation / Federation’s Coordinating Person** | | | | |
| Surname | |  | | |
| Full names | |  | | |
| Contact Details | |  | | |
| E – mail contacts | |  | | |
| **APPLICANT’s DETAILS** | | | | |
| Surname | |  | | |
| Full Names | |  | | |
| Identity Number | |  | | |
| Tax Reference Number | |  | | |
| Cell number | |  | | |
| Postal Address | |  | | |
| Email address | |  | | |
| Residential Address | |  | | |
| Town/Area | |  | | |
| Ward Number | |  | | |
| Municipality | |  | | |
| District Municipality | |  | | |
| **CRITERIA** | | | | |
| Category (i.e. athlete, coach, federation etc.) | |  | | |
| If you a coach or technical personnel supporting an athlete or athletes and have no other income , list your athletes(s) affected by the cancellation  List of sport events cancelled or postpones ( 16 March to June 2030) | | Athlete(s) | | Sport event cancelled or postponed |
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| **Sport Event** | | **Sport event Date** |
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| Provide the confirmation of participation at a sport event or invitation to a sport event that has been cancelled or postponed. (This may be provided by the Federation, Sport Event Authority / Organisers concerned etc.) | |  | |  |
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| List of Sport events from which income was earned in the last 6 months. ( historical information) | | **Sport Event** | | **Sport event Date** |
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| List other sources of income. If any | |  | |  |
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| **PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION** | | | | |
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| **REQUIRED SUPPORTING DOCUMENT CHECKLIST** | | | | |
| **DOCUMENT** | | **YES** | | **NO** |
| Copy of Applicant’s ID | |  | |  |
| Applicant’s Bank Account Confirmation | |  | |  |
| Valid Tax Certificate | |  | |  |
| Documents confirming qualification to participate in a sport event or invitation to a sport event that has been canceled or postponed | |  | |  |
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| **DECLARATION** | | | | |
| I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me. | | | | |
| APPLICANT’s NAME AND SURNAME | | |  | |
| SIGNATURE | | |  | |
| DATE | | |  | |
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| **RECOMMENDATION BY THE LIMPOPO SPORT CONFEDERATION / FEDERATION / RECREATIONAL STRUCTURE** | | | | |
| PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING THE APPLICATION | | | | |
|  | | | | |
| I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect and fraudulent, I shall immediately be disqualified and legal action may be taken against me. | | | | |
| APPLICATION | | RECOMMENDED | | NOT RECOMMENDED |
|  | |  | |  |
| NAME AND SURNAME | | SIGNATURE | | DATE |
|  |  | | |  |
| **GENERAL NOTE**  *The Department will determine the quantum of relief and reserves the right to conduct verification, due diligence and request additional information prior to providing the relief.* | | | | |
| *FOR OFFICE USE ONLY* | | | | |
| **RECOMMENDED** | | **NOT RECOMMENDED** | | |
| **COMMENTS** | | **COMMENTS** | | |
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