 **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, 0700Contact numbers: (015) 284-4007 or (015) 284-4321**Physical addresses (District Offices):** Capricorn District: Provincial Archive Building; Potgieter Street, PolokwaneMopani District: Government Office Complex; Giyani Sekhukhune District: Government Office Complex, Lebowakgomo Vhembe District: Government Office Complex, Thohoyandou Waterberg District: Government Office Complex, ModimolleOnly 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 |
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| 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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