



<b>For office use only</b>				
File # _____	Signed copy <input type="checkbox"/>	COI <input type="checkbox"/>	ABN / SBS <input type="checkbox"/>	Bank account <input type="checkbox"/>

# Healthway Healthy Club Application Form - Winter 2011

**Please ensure:**

Your club is incorporated                       You have attached a Statement by Supplier Form if your club does not have an ABN number

You have 2 signatures on the Conditions and Undertaking page

Please note: One copy of the completed application (**Section 1 and 2**) and full bank account details (**Section 3**) must arrive at Healthway by **5.00pm MONDAY 21st February 2011**. Please note that late or incomplete applications will not be considered. Healthway can not accept faxed or e-mailed applications.

## SECTION 1

**Name of Club:** \_\_\_\_\_  
(Name on Certificate of Incorporation)

**Postal Address:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Postcode: \_\_\_\_\_  
(Please provide an address that will be cleared frequently)

**Geographic Location of Club:** \_\_\_\_\_  
(ie street address of playing venue)

**Club's Australian Business Number (ABN):** \_\_\_\_\_  
(If no ABN please complete and attach an ATO 'Statement by Supplier Form' – if eligible)

**Is the club registered for GST?:** (please circle)                      Yes                      No

**Contact Person:**  
First Name: \_\_\_\_\_ Surname: \_\_\_\_\_ Title (Mrs, Ms, Mr): \_\_\_\_\_  
(Person who will be our main contact for all the details of the project and must be available during working hours)

**Position Held in the Club:** \_\_\_\_\_

**Telephone:** (W) \_\_\_\_\_ (H) \_\_\_\_\_ Fax \_\_\_\_\_

**Mobile:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Would you like Healthway's bi-monthly eNews to be sent to the email address provided above?** (please circle)                      Yes                      No  
(Personal information collected by Healthway will also be provided to Sports Medicine Australia, the organisation managing the Healthy Club program. For further information please contact Healthway's Privacy Officer.)

**When is your normal competition season?**                      Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Name of competition in which your Club competes:** \_\_\_\_\_  
(eg Central Districts Junior Football League)

**Membership of your club** (playing members only):

Age Group	Male	Female	Total
Children 12 and under			
Youth 13-17			
Adult 18-54			
Senior 55 and over			
<b>TOTAL</b>			

**Is this the first time your club has received Healthway Healthy Club sponsorship?** (please circle)                      Yes                      No

## CONDITIONS AND UNDERTAKINGS

Healthway has the right to terminate this agreement if the sponsorship is not carried out according to the agreed proposal. Please read each section and tick all boxes to confirm your clubs agreement to meet the conditions of sponsorship.

Please tick



The (please write your club's name) \_\_\_\_\_  
agrees to the following:

To use the sponsorship for the approved purpose only, or to seek approval from Healthway for any changes related to the sponsorship including changes to the budget.

To return unspent monies.

In the event of the agreement being terminated, to repay any part of the sponsorship that has not been spent for an authorised purpose or otherwise remains unused.

To incorporate the following minimum policy requirements into an organisational health policy to be implemented by the club:

- All indoor and outdoor areas under the control of the sponsored organisation must be maintained as smoke-free;
- Healthy food and drink options must be available should catering be provided at the activity or event;
- Free drinking water must be available at the activity or event;
- Adequate sun shade must be available, where applicable;
- Safe warm-up practices for physical activity must be adhered to, where applicable;
- Alcohol or unhealthy food/drink (or vouchers for same) must not be provided as prizes or awards;
- Low strength alcohol and non alcoholic choices must be available, should alcohol be available at the activity or event.

To promote the club's 'Healthy Club' sponsorship through:

- Use of supplied educational material in newsletters;
- Use of supplied logo on all printed material including letterhead.

To submit a final report to Sports Medicine (WA) by 30th September 2011 including:

- Completed evaluation form;
- Examples of logo used on printed material;
- Copy of media articles/pictures/photographs;
- Receipts showing expenditure as per approved sponsorship.

### GST Registered Clubs Only:

If registered for GST your Club agrees that:

- Healthway can issue a Recipient Created Tax Invoice (RCTI) in respect of the sponsorship where appropriate;
- It shall not issue tax invoices in respect of the sponsorship where Healthway has generated a RCTI;
- It will remit the GST liability on the sponsorship to the Australian Taxation Office; and
- You will notify Healthway if your Club ceases to be registered for GST.

Healthway acknowledges that it is registered for GST at the time of entering this agreement and will notify your organisation if it ceases to be Registered or if it ceases to satisfy any of the requirements for generating RCTIs.

## CONTRACTUAL AGREEMENT

Our Club agrees to the conditions and undertakings of this 'Healthy Club' sponsorship.

**Contact 1** (the person listed on the first page who is an office bearer of the club)

Name: \_\_\_\_\_ Position Held in the Club \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

**Contact 2** (must be an office bearer of the club)

Name: \_\_\_\_\_ Position Held in the Club \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Signature: \_\_\_\_\_

Attach completed Bank Account details (**Section 3**) and forward one (1) copy of this application (**Section 1 and 2**) to:

Posted to: Healthway  
PO Box 1284  
WEST PERTH 6872

Hand delivered to: Healthway  
24 Outram Street  
WEST PERTH WA

to arrive **NO LATER THAN 5.00PM on MONDAY 21st FEBRUARY 2011.**

## SECTION 2

### Healthy Club – Budget

How will your Healthy Club Sponsorship be spent? **Please indicate in the table below how your club will use the sponsorship funds up to \$2,500.** Clubs can only spend sponsorship funds on items indicated in the table below.

SAFETY INITIATIVES	DESCRIPTION	COST (\$)
First aid equipment	First aid kits and restocking first aid kits	
	Ice packs	
	Stretcher	
	Resuscitation equipment	
Padding for fixtures	Goal post padding	
	Wall/fixtures padding	
Club owned safety equipment <b>(Maximum 50% of total budget)</b>	Helmets, face masks, mouthguards	
	Safety eyewear, ear protectors, chest protectors	
	Goal/wicket keeping pads and gloves	
	Safety netting/barriers (non permanent)	
	Tackle bags/safety mats	
	Marshall vests	
	Other – please specify:	
HEALTH INITIATIVES	DESCRIPTION	COST (\$)
Portable shade structure	Umbrellas, tents	
	Cabanas/shelter	
Permanent shade covering (Materials ONLY). <b>NOTE – Labour, support materials are not eligible items.</b>	Shade cloth	
	Shade ‘sails’	
	Fibreglass/plastic/metal sheeting	
Sunscreen	Maximum \$250	
Water bottles and carriers	Maximum \$250	
Hats (wide brim or bucket hats ONLY)	Maximum \$250	
<b>Note: Uniforms and clothing are NOT ELIGIBLE</b>		
EDUCATION AND TRAINING INITIATIVES	DESCRIPTION	COST (\$)
Coaching and Umpiring courses Other related Department of sport and Recreation courses <b>Contact: Dept. Sport &amp; Recreation</b> <b>Ph: 9492 9700</b> <b>www.dsr.wa.gov.au</b>	Beginning Coaching General Principles	
	Intermediate Coaching general Principles	
	Sport specific courses run through State Sporting Associations	
	Introductory Officiating General Principles	
	Advanced Officiating General Principles	
	Other:	
Injury Prevention courses <b>Contact: Sports Medicine Australia</b> <b>Ph: 9285 8033</b> <b>www.sportsmedicine.com.au</b>	Sports First Aid	
	Sports Trainers (Levels 1 and 2)	
	Get Smart (online course)	
	Sports Medicine Workshop	
Nutrition seminar for members - by dietician, sports nutritionist	Fees for presenters	
Safe alcohol service training for bar staff	Responsible Service of Alcohol Training	
<b>Note: Travel/accommodation costs for courses are NOT ELIGIBLE</b> <b>Player development courses are NOT ELIGIBLE</b>		
NUTRITION INITIATIVES	DESCRIPTION	COST (\$)
Club owned canteen equipment <b>(Maximum 50% of total budget)</b>	Display fridge for sandwiches and fruit	
	Sandwich press – non-stick	
	Portable grill – non-stick	
	Apple Slinky Machine	
	Blender for fruit smoothies and soups	
	Soup warmer	
PARTICIPATION INITIATIVES	DESCRIPTION	COST (\$)
Advertising Costs (for local newspaper) to attract new members to your club	Maximum \$300	
Equipment to encourage participation by people with disabilities.		
<b>TOTAL SPONSORSHIP REQUESTED</b>		
<b>(\$2,500 maximum)</b>		





## SECTION 3

# Healthy Club – Bank Account Details

**Incorrect or incomplete information on these forms will delay processing of your payment.**

Please complete this section to confirm your account information.

**ORGANISATION NAME:** *(Name of Incorporated Organisation)* \_\_\_\_\_

**NAME OF BANK & SUBURB:** \_\_\_\_\_

**BRANCH CODE/BSB:** *(6 digits)*

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**BANK ACCOUNT NAME:** *(MUST BE SAME as organisation receiving funding)* \_\_\_\_\_

**ACCOUNT NUMBER:** *(up to 9 digits & do not include BSB Code)*

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I confirm that the above bank account details are true and correct and that the account is a bone fide account of

\_\_\_\_\_ and complies with all applicable laws.  
*(Organisation name ie. The name on your certificate of incorporation).*

**Authorised Signature:** \_\_\_\_\_ **Name: (Block Letters)** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Daytime - Phone Number:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_

**ORGANISATION NAME**

This is the name of the Incorporated Organisation and should be the same as the name on the application form and your certificate of incorporation.

**NAME OF BANK & BRANCH ADDRESS**

Commonwealth, ANZ, Credit Union, etc and Suburb of branch.

**BRANCH CODE/BSB**

This code is an identification code for the Bank. It is a 6 digit number and all digits should be complete on the form. If it is not completed or accurate it can delay or prevent the transfer of funds.

**BANK ACCOUNT NAME**

This field is for you to place the name of the Bank Account: i.e. "ABC Club Inc"  
 For accountability purposes, Healthway requires the Bank Account to be in the name of the organisation receiving funding not another name.

**ACCOUNT NUMBER:**

This field and the BSB fields are important. If you get it wrong then the transfer will be rejected and there will be a delay in your organisation receiving the approved funding. If unsure - clarify with your bank. Do not include BSB code in your account number field.