**INFORMATION ABOUT SPONSORSHIP FOR SCHOOL CHILDREN**

**Purpose of Sponsorship for School Children**

CRAICCHS is committed to supporting school children in our community through financial assistance (up to a maximum of $200) to assist individuals to achieve meaningful and active participation in events or activities.

**Selection Criteria for Sponsorship**

CRAICCHS is unable to respond as it might wish to every application received from within the community for sponsorship. The following selection criteria have been developed which support the vision, purpose, values, and goals of CRAICCHS.

For an application to be considered for sponsorship by CRAICCHS, it must support and make a positive contribution to at least one of the following areas:

* **Social or emotional wellbeing:** Activities or events that promote connection to land, culture, spirituality, family and community and impact on an individual’s wellbeing.
* **Health promotion and development:** Activities or events that promote or support healthy outcomes and healthier individuals (e.g., sport, healthy eating/healthy lifestyles)

**Conditions for Sponsorship Selection**

To be eligible for sponsorship selection, **all** the following conditions must be met by the applicant:

* The applicant must be regularly attending a primary or high school, with a school attendance record greater than 85% year to date (at time of application). This must be confirmed with an attendance report from the school Principal.
* The applicant must be an active client of CRAICCHS. This means they must have attended at least 3 visits to CRAICCHS clinic within the last 2 years.
* Prior to paying the sponsorship money, the applicant must have a health assessment at CRAICCHS clinic.
* The applicant must NOT be receiving assistance (financial or otherwise) from another organisation for the same activity or event (e.g., local sporting club, Council, sporting assistance or grant);
* The following documents must be provided to CRAICCHS when applying for sponsorship:
* Application on an official CRAICCHS *Sponsorship Application Form* (this form),
* A letter of support for the event or activity from the school Principal,
* An attendance report for the applicant from the school Principal
* Supporting documentation, such as representation selection letter,
* Applications must be submitted to CRAICCHS at least 2 weeks before the next scheduled Board meeting to allow for consideration.
* The applicant, or parent or guardian of the applicant if the applicant is under 18 years of age, must agree in writing to the public acknowledgement of the community support provided by CRAICCHS.

CRAICCHS will not:

* Sponsor an individual more than once in a financial year.
* Pay money directly to an individual or family. It will be paid on receipt of an invoice to the organisation.

**SUBMIT APPLICATION FORM TO:**

**General Manager, CRAICCHS, Cnr Bligh & Broadway St, Cherbourg Q 4605**

For more information phone: (07) 4169 8600

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART A: APPLICANT DETAILS** | | | | |
| **Applicant Name:** | | **Date of Birth:** | | |
| **Address:** | | | | |
| **Phone Number:** | | **Email Address:** | | |
| **Parent/Guardian Name:** | |  | | |
| **School Attending:** | | **Year Level:** | | |
| **PART B: DETAILS OF ACTIVITY OR EVENT** | | | | |
| **Name of activity or event participating in:** | | | | |
| **Date/s of activity or event:** | | **Location of activity or event:** | | |
| **Organisation holding activity or event:** | | | | |
| **Description of activity or event:** | | | | |
| **Activity or event relates to:** | * Social / Emotional Wellbeing | | * Health promotion / development | |
| **PART C: SPONSORSHIP REQUEST** | | | | |
| **Total cost to attend activity or event: $** | | **Sponsorship amount requested $** | | |
| **Sponsorship needed to cover what expenses:**  (e.g. uniform, registration, accommodation, transport etc) | | | | |
| **PART D: CHECKLIST** | | | | |
| **I have (tick boxes):**   * Read the information sheet at the front of this application form before completing the form * Agreed to the applicant attending a health assessment at CRAICCHS clinic * Attached a letter of support for the event or activity from the school Principal * Attached an attendance report from the school Principal showing the applicant has an attendance record at school greater than 85% * Attached any supporting documentation for the activity or event (e.g., representation selection letter) * Agreed to the public acknowledgement of the community support provided by CRAICCHS | | | | |
| **I declare that (tick boxes):**   * The applicant is not receiving support from any other organisation for this event or activity * The applicant is a client of CRAICCHS, having attended at least 3 visits to the clinic in the last 2 years * To the best of my ability, the information I have provided in the application is true and correct | | | | |
| **Parent / Guardian Name:** | | | | **Date:** |
| **Parent / Guardian Signature:** | | | | |