



PLEASE FILL OUT WHERE APPLICABLE

# ELITE ATHLETE                      INDIVIDUAL GRANT

## PERSONAL INFORMATION

### Attach Athlete's Profile

Personal Details:

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

Sex:    Male     Female

Date of Birth: ----- /----- /-----  
                          dd        mm        yy

Nationality: -----    Passport No: -----

#### Full Address (Local):

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-----  
-----

Telephone: -----

Fax: -----

E-mail: -----

#### Foreign:

City: -----

County: -----

Tel. No: -----

Fax: -----

Individual Sport  
practised

Achievements (titles, major results, etc.)

Year	Competition/Level	Results

### Student Athletes Information

Institution(s)	Course(s) of Study	Duration	Present Level	Source of Funding (Scholarship, Full-time, Part-time, Contract, Other)



**FUNDING INFORMATION**

1. Is this the first time you have requested funding from the Ministry of Sport & Youth Affairs?

*(Please note: This does not prevent you from applying again for funding with the Ministry)*

Yes

No

**ABOUT YOUR ACTIVITY**

2. What category of activity do you need funding for?

Capacity Building eg. seminars, coaching training,

Developmentally appropriate equipment

Airfare

NSOs of Olympic Sports to obtain a TTOC endorsement on the athlete’s behalf  
(This is the case as TTOC is the default National Doping Control Agency)

NSOs of Non-Olympic Sports to obtain NGB Endorsement on the athlete’s behalf that represents Trinidad and Tobago

Levels of Sporting Activity (relates to LTAD)

- Professional
- Amateur
- Non-competitive
- Semi-Professional
- Competitive

3. Please provide a detailed description of the activity

*( This is your opportunity to “sell” your activity! You can attach whatever materials you like to explain and promote your idea)*

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4. What do you hope to achieve from this activity?

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**ABOUT THE GRANT**

5. How much funding are you requesting?

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# NOMINATION FORM

## National Olympic Committee

I, the undersigned, President/Secretary General of the above National Olympic Committee (NOC), propose this athlete to benefit from assistance individual training through the Ministry of Sport and Youth Affairs' Elite Athletes Assistance Programme or any other available grant funding programme.

Surname: .....

First Name: .....

Title: .....

(President/Secretary General)

Official  
Stamp

Signature & Date: .....

Surname: .....

First Name: .....

Title: .....

(Athlete's Commission TIOC)

Official  
Stamp

Signature & Date: .....

Surname: .....

First Name: .....

Title: .....

(Vice President for Sport Medicine re Anti-doping)

Official  
Stamp

Signature & Date: .....

## National Federation

I, the undersigned, President/Secretary General of the above National Federation, certify that the information relating to the athlete which is attached to this application form, is correct and that the athlete has the potential to become a high level performer.

Surname: .....

First Name: .....

Title: .....

(President/Secretary General/Federation Board Representative)

Official  
Stamp

Signature & Date: .....

## Parental Authorisation

I, the undersigned, representing the parental authorization, fully support this application.

Name/First Name: .....

Signature & Date: .....



# ANNUAL TRACKING FORM

**Please complete the form in CAPITAL LETTERS**

First Name:----- Last Name:-----

Discipline:----- Date:-----

**Personal Coach's or Manager's Contact Information**

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

**PERMANENT TRAINING SCHEDULE**

**Training Place 1**

Name and Address of Permanent Training Facility:-----  
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-----  
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Training Time (From      - To      )

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

**Training Place 2**

Name and Address of Permanent Training Facility:-----  
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Training Time (From      - To      )

DAY	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
a.m.							
p.m.							

Periods when you train according to the above mentioned, should be filled in with an X on the Training Schedule

Name of coach or trainer supervising this training:-----





# ANNUAL TRAINING SCHEDULE

Please complete using CAPITAL LETTERS  
Place a letter representing your location in the appropriate box

First Name:----- Last Name:----- Sport:----- Date:-----

ATHLETE'S ITINERARY /INFORMATION (A,B,C,D: temporary training address, E: Competition, X: Permanent training address)

Month	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
January																															
February																															
March																															
April																															
May																															
June																															
July																															
August																															
September																															
October																															
November																															
December																															

Name and Address of Temporary Training Facility A

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Name and Address of Temporary Training Facility B

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Name and Address of Temporary Training Facility C

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Name and Address of Temporary Training Facility D

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Competition Schedule for February to July 202-- (include venue, dates, etc) E

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## ANNUAL PERFORMANCE EVALUATION FORM

Please complete the form in CAPITAL LETTERS

First Name:----- Last Name:-----

Discipline:----- Date:-----

### Personal Coach's or Manager's Contact Information

Name:----- Title:-----

Phone No:----- Fax:----- e-mail:-----

\* Please attached Coaches Report

### BEST PERFORMANCES

	20__	20__	20__	20__	REMARKS
Best Times					
Best Performances					
Medals					

**MEDICAL / INJURY / ANTIDOPING VIOLATION**

Has the athlete suffered from any injuries or medical problem in the last two years? If so, please indicate also including Antidoping violations.

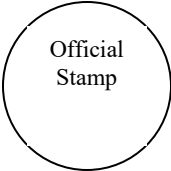

\* Attach Medical Report

**PREVENTATIVE PROGRAMME OF ACTIVITY**

Please indicate planned preventative measures to be taken by the athlete to minimise injury. This segment should request information such as the person's inclusion to the testing pool. Identify number of whereabouts failures so as to protect the Ministry. Identify psychological evaluations or any other rehabilitation consistent with return to competition.

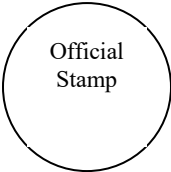
I, the undersigned, on behalf of the Trinidad and Tobago Olympic Committee hereby certify that the information provided in this report is a true and honest representation of the athlete's performance and takes full responsibility for the accuracy of this statement.

\_\_\_\_\_ (Name, Function and Signature) (Date)



I, the undersigned, on behalf of the (Parent Association) \_\_\_\_\_ hereby certify that the information provided in this report is a true and honest representation of the athlete's performance.

\_\_\_\_\_ (Name, Function and Signature) (Date)



## DECLARATION

By signing this application we hereby warrant and undertake that:

- To the best of our knowledge and belief, the information supplied in this Application is true and correct;
- The grant, if approved, will be applied only to facilitation of the activities outlined in this Application;
- I have read and agree to the Criteria and Requirements for Financial Assistance from the Ministry of Sport and Youth Affairs (hereinafter 'MSYA') which is itemized in the application procedures document;
- I shall submit to the Grants Secretariat, MSYA upon completion of the activities described within this Application, a Project Completion Report along with media including but not limited to, photos, video recordings and audio recordings of the activities described in this Application; and
- I shall permit the MSYA to record in any format, all or any part of the activities outlined within this Application, and/or to obtain all necessary permissions facilitate same, and/or to authorize the MSYA to use any such recordings made by the MSYA or any media submitted by the Application in any form whatsoever for purposes including but not limited to archival, reporting or promotional purposes.

## AUTHORISATION

I certify that the information given in this application is true and correct (applicants under the age of 18 must obtain the signature of their parents/guardian). I understand that should this application be successful, some of the information herein may be used for promotional purposes.

### Applicant

Signature:		Date:	
Printed Name:			

### Parent/Guardian (where applicable)

Signature:		Date:	
Printed Name:			

## DISCLOSURE NOTICE

Should this application be successful, some of the information in this application form maybe provided to media organisations, youth/sport organisations, Government Ministries, local governing bodies, non-revenue earning State entities and young people for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material, websites and other departmental publications.

The personal information you provided can be accessed and updated, if necessary, by contacting the Physical Education & Sport Division of the Ministry of Sport and Youth Affairs.