

# Queen's Sapphire Jubilee Awards Application Form

THIS FORM MUST BE FULLY COMPLETED IN ORDER TO BE CONSIDERED FOR AN AWARD



Full Name

Male or female

Permanent Address

Telephone

Email

School/College  
University

Date of birth

Age



**WELWYN  
HATFIELD**

# 1. FOR WHICH CATEGORY ARE YOU APPLYING?

- a. **STARTER (7-16 years)**   
To support young people who have potential in sport/art/music/dance/drama and require assistance to get started.
  
- b. **IMPROVER (8 -18 years - up to 25 for people with a disability)**   
To support young people who have shown commitment and improvement in their chosen sport/art/music/dance/drama and who, with added support and funding, are likely to continue to improve.
  
- c. **EXEMPLAR (14 – 20 years - up to 25 for people with a disability)**   
To support young people who have attained a high standard in sport/art/music/dance/drama and who, with additional support and funding, could excel.

# 2. WITH WHAT ACTIVITY ARE YOU/DO YOU WISH TO BE INVOLVED? Please provide details.

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- a. **CHALLENGE**
  
- b. **ART**
  
- c. **MUSIC**
  
- d. **SPORT**
  
- e. **DANCE**

**3. DETAILS OF TEAM, GROUP OR OTHER AFFILIATIONS (IF APPLICABLE)**

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Is this:	Junior	<input type="checkbox"/>	NAME: .....
	County	<input type="checkbox"/>	
	Regional	<input type="checkbox"/>	
	England	<input type="checkbox"/>	
	GB/UK	<input type="checkbox"/>	

**4. HOW LONG HAVE YOU BEEN INVOLVED IN THE ACTIVITY?**

**5. WHAT ACHIEVEMENTS HAVE YOU MADE IN THE ACTIVITY?  
(Medals/Trophies/Records/Apearances/Awards/etc?)**

**6. IF THE ABOVE ARE TEAM ACHIEVEMENTS, WHAT ARE YOUR OWN  
PERSONAL ACHIEVEMENTS?**

**7. HOW MUCH GRANT ARE YOU SEEKING?**

**8. WHAT WOULD THE GRANT BE USED FOR?**

**9. HAVE YOU APPLIED FOR/RECEIVED ANY FINANCIAL SUPPORT FROM  
ELSEWHERE?**

## Reference

Someone holding an official position within your governing body must sign the application and also provide a written reference on their organisation's headed notepaper in support of your request before it can go forward to the panel.

Name of referee:	<input type="text"/>
Governing Body:	<input type="text"/>
Position within the organisation:	<input type="text"/>
Signed (referee):	<input type="text"/> Date

## Declaration

### Please read carefully before signing the form:

If my application for a Queen's Sapphire Jubilee Award is successful I guarantee that the money will be solely for the purpose outlined in the application form. I understand that the Council has the right to require repayment of any award that is not used for the purpose it was awarded for.

I understand that I am required to send written feedback regarding how the money was spent and achievements attained SIX months after receiving my award.

I understand that details of my award may be given to the media.

I give permission for my photograph to be used for any press releases and articles that may appear in the local press and/or Local Government publications.

Yes  No

Signed (Applicant's signature or that of parent/guardian if under the age of 18)

Dated:

If you need assistance in completing this form or have any queries please contact Laura Jackson on **Telephone: 01707 357567** or email [grants@welhat.gov.uk](mailto:grants@welhat.gov.uk)

Please send your completed form together with the signed reference to: **Laura Jackson, Welwyn Hatfield Borough Council, The Campus, Welwyn Garden City, Herts, AL8 6AE.**

The information collected on this form is necessary to administer your application and to fulfil our duty around the award giving process. This information that you provide will not be used for any other purposes other than to do with your award Application.

If you would like to be kept up to date with when future awards, when the awards open and close or any changes to the awards process please tick this box to confirm that you are happy to provide this data.

Yes  No



**WELWYN  
HATFIELD**



# Jubilee Award Monitoring Form

Any information you give us will be used in the strictest confidence.

The information supplied will only be used statistically.

Individuals will remain anonymous. If you prefer not to give this information, Please do not complete or only fill in the information you are happy to provide.

## Gender

Male

Female

## Disability

Do you consider yourself to have a disability?

Yes

No

## Age

7 - 10

11 - 15

16 - 18

19 - 20

## Ethnic Diversity

White UK

Black Caribbean

White Irish

Black Other *(please specify)\**

White Other *(please specify)\**

Mix-White & Black Caribbean

Bangladeshi

Mix-White Black African

Indian

Mixed - White & Asian

Pakistani

Mixed - Other Mixed *(please specify)\**

Asian Other *(please specify)\**

Chinese

Black African

Other Ethnic Group *(please specify)\**

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## Data Protection

We will use your personal details to deal with your enquiries. We will not pass your details to any other organisation without your permission. The only people who will see your details are the staff and councillors directly involved with the awards.

Please send your completed form to:

**Laura Jackson, Welwyn Hatfield Borough Council, The Campus, Welwyn Garden City, Herts, AL8 6AE.**



**WELWYN  
HATFIELD**