2027 High Performance Athlete Program - Application Form
Form Preview

Grant Details

* indicates a required field

Program

This field is read only.

Applicants: please note

Before completing this application, please read the **High Performance Athlete Program Guidelines**.

Applications that are incomplete or submitted after the closing date may not be considered.

This eligibility section helps determine whether you meet the program requirements before you complete the full application. Please answer all questions carefully to ensure the program is suitable for your circumstances.

If you have any questions about your eligibility or the application process, please contact the **Office for Recreation, Sport and Racing (ORSR)** on **1300 714 990** or email **ORSR.Grants@sa.gov.au**.

Important: All correspondence relating to your application will be sent directly to the athlete using the email address provided. Please ensure you use an email account that is monitored regularly, as this will be the primary method of communication throughout the assessment and grant management process.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

To be eligible for the High Performance Athlete Program applicants must be:

- an Australian citizen; and
- competing in a sport and discipline and classification represented at the Olympic, Winter Olympic, Paralympic or Commonwealth Games; and
- live in South Australia or identify as a South Australian athlete and do not hold a formal agreement with a sports institute other than SASI; and
- meet **one** of the following:
    - categorised by the applicant's National Sport Organisation (NSO) based on the National Athlete Categorisation Framework (NACF) into one of the five

categorisation levels (Podium, Podium Ready, Podium Potential, Developing, Emerging)*; or

- representing Australia at a junior and/or senior level; or
- a South Australian athlete, aged between 13 and 18 (as at 31 December 2026) with their primary residence 130km or more from the Adelaide GPO (includes Kangaroo Island) and recognised as having the potential to transition into a SASI sport program or Individual Athlete Scholarship.
- a South Australian athlete, identified by their NSO as having the potential to transition towards sport categorisation, and is or has been under the custody or guardianship of the Chief Executive of the Department for Child Protection or identify as an Aboriginal or Torres Strait Islander.

*Categorisation information is provided by the applicant's NSO. NSOs categorise athletes using a sport specific matrix based on the NACF. The NACF defines each of the five categorisation levels (Podium, Podium Ready, Podium Potential, Developing, Emerging) to inform planning and to prioritise support to best achieve system targets.

*

○ I confirm that I am eligible to apply for the High Performance Athlete Program as per the eligibility requirements above.

Applicant Details

* indicates a required field

Applicant Details

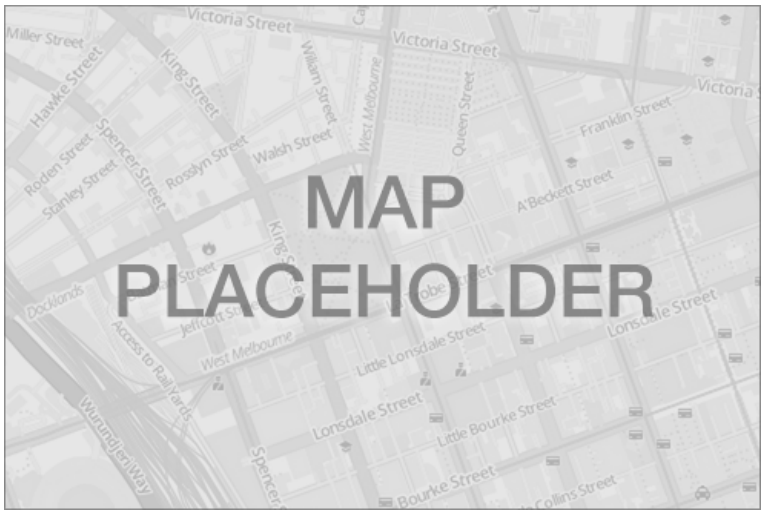
Applicant *

Title | First Name | Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant Residential address

Address



Is your residential address more than 130km from the Adelaide GPO? *
○ Yes ○ No

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Date of Birth *

Must be a date.

Are you an Australian Citizen? *
○ Yes ○ No

Do you identify as Aboriginal or Torres Strait Islander? *
○ Yes ○ No

Are you or have you been under the guardianship of the Chief Executive of the Department for Child Protection? *
○ Yes ○ No

Do you hold a formal agreement with a sports institute other than SASI? *
○ Yes ○ No

Gender *
☐ Male
☐ Female
☐ Different term
Please select all relevant genders.

Please specify different term of gender *

Athlete with a Disability/Para Athlete

Are you an athlete with a disability/para athlete? *

○ Yes ○ No

If yes, what is your classification? *

Applicant Financial Details

* indicates a required field

Bank Institution Name *

Applicant Primary Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Do you have an ABN (Australian Business Number) as per the Australian Business Register? *

○ Yes ○ No

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

ACNC Registration

Tax Concessions

Main Business Location

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 47% of any approved grant may be withheld. Download the form from the ATO website.

An example of a completed Statement by a Supplier form can be found here. It is the applicant's responsibility to ensure the form is completed correctly. Applications submitted with an incomplete or incorrectly completed Statement by a Supplier form may be considered non-compliant and may not be approved.

Please upload completed Statement by a Supplier Form. *
Attach a file:

Max 25mb per file uploaded

Sport Details

* indicates a required field

The High Performance Athlete Program is not available to athletes who are scholarship holders in a SASI sport program Beach Volleyball, Canoe Sprint, Cycling, Lacrosse, Netball, Race Walking, Rowing , Swimming or Wheelchair Basketball) or athletes competing in sports where SASI conducts a program applicable to their age group.

Please note that SASI sport programs are subject to change.

If you are unsure about eligibility, please contact SASI on (08) 8429 7084.

What sport are you applying for? *

Other:

What is your targeted event/discipline in your sport? *

Please select the peak body from the list provided. *

The peak South Australian organisation for your sport (SSO)

If the peak body is not in the list above please enter it here.

Coach Details

Coach *
Title | First Name | Last Name

Coach Accreditation Level *

Coach Primary Phone Number *
Must be an Australian phone number.

Coach Primary Email *
Must be an email address.

Assessment Principles

* indicates a required field

Categorisation

Are you categorised by your National Sport Organisation (NSO)? *
○ Yes ○ No ○ Unsure
Categorisation information is provided by the applicant's NSO. NSOs categorise athletes using a sport specific matrix based on the National Athlete Categorisation Framework (NACF). The NACF defines each of the five categorisation levels (Podium, Podium Ready, Podium Potential, Developing, Emerging) to inform planning and to prioritise support to best achieve system targets.

If yes, at what level? *

Australian Representation

Have you represented Australia at a junior and/or senior level in the past 24 months? *
○ Yes ○ No

If yes, list up to 3 of your best sporting achievements in the past 24 months at National Level (Australia).

Date	Competition	Team/Capacity	Event	Place/Finishing Position	Time/Point/Score

Must be a date.					

State Representation

Have you represented the State (South Australia) in the past 24 months? *
- ○ Yes
- ○ No

If yes, list up to 3 of your best sporting achievements in the past 24 months at State Level (South Australia).

Date	Competition	Team/Capacity	Event	Placing Position	Time/Point/Score
Must be a date.					

Other Relevant Event

Have you participated in another relevant event at a junior and/or senior level in the past 24 months? *
- ○ Yes
- ○ No

If yes, at what level? *

If yes, at what competition and when? *

If yes, what was the result? *

Are you currently engaged in a comprehensive program of intensive training? *
- ○ Yes
- ○ No

If yes, please upload any supporting documentation of your current training program.
Attach a file:

If no, are you currently engaged in a planned rehabilitation program? *
○ Yes ○ No

If yes, please upload any supporting documentation of your current rehabilitation program.
Attach a file:

Next High Performance Event

What is the next high performance (HP) event you are targeting and when is it?

Name of next HP event *

Date/time of next HP event *

Training Hours & Cost

How many hours do you commit to training each week? *

Must be a number.

What is the estimated total cost of competing in your sport over the next 12 months? *

Must be a dollar amount.
This includes coaching fees, equipment, competition expenses, travel, etc.

Certification and Feedback

* indicates a required field

Declaration

I make the following declaration:

1. I meet the eligibility requirements outlined in the High Performance Athlete Program Guidelines.

2. The information provided in this application, and any supporting documentation submitted, is true, complete and correct to the best of my knowledge.

3. I understand that providing false or misleading information may result in my application being deemed ineligible, excluded from assessment, or any funding approval being withdrawn.

4. I acknowledge that information contained in this application may be used, disclosed and published by the Office for Recreation, Sport and Racing in accordance with the Program Guidelines and relevant privacy requirements.

I agree *

☐ Yes

Name *

Title | First Name | Last Name

Contact phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Contact Email *

Must be an email address.

Date *

Must be a date

Parent / Guardian Declaration and Details

For athletes under 18 years of age, the parent or guardian who is the first legal point of contact must endorse the application below:

Parent/Guardian *

Title | First Name | Last Name

Relationship to Applicant *

Parent/Guardian Primary Address *

Address

Parent/Guardian Phone Number *

Must be an Australian phone number.

Parent/Guardian Primary Email *

Must be an email address.

Parent/Guardian Declaration Date *

Must be a date.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.