Canadian Heritage | Patrimoine canadien



Sport Canada
Athlete Assistance Program

Application for Financial Support

NAME: _____

SPORT PROGRAM: _____

CARDING CYCLE: _____

PRIVACY NOTICE

The collection of personal information is authorized by paragraph 5 (j) of the Physical Activity and Sport Act and is required to determine your eligibility for the Athlete Assistance Program. Collection and use of this personal information are in accordance with the *Privacy Act*. The personal information collected is described in Personal Information Bank PCH PPU-220 – Athlete Assistance Program and will be retained for 15 years in hard copy and indefinitely in electronic format. Your application will not be considered if you do not provide the requested personal information. Under the *Privacy Act* you have the right of access to, and correction of, your personal information. To exercise either of these rights, contact Canadian Heritage's ATIP Coordinator by email at aiprp-atip@pch.gc.ca. If you are not satisfied with Canadian Heritage's response to your privacy concern, you may wish to contact the Office of the Privacy Commissioner of Canada by telephone at 1-800-282-1376.

Canada

DIRECT DEPOSIT

Direct Deposit is now MANDATORY. Read instructions carefully as direct deposit cannot be activated until the test procedures have been successfully completed.

If AAP direct deposit is in place and your banking information has not changed, you do not need to complete this section.

I authorize the Receiver General for Canada to deposit the payment(s) to my account at the

(Name of financial institution)

For which I am attaching a "VOID" cheque or a verified bank document. **Initials ____**

INSTRUCTIONS

To setup the Direct Deposit, you must have a personal Canadian bank account.

PLEASE NOTE THAT WE CAN'T DEPOSIT TO 3rd PARTY'S ACCOUNTS, ATHLETES UNDER 18 INCLUDED. A test deposit of $2.01 will be made and the AAP will need your confirmation that it was received before any AAP payment can be deposited to your account. Please ensure to attach a "void" cheque, or a verified (stamped) Bank document to this completed application form.

An email will be sent to inform you when the $2.01 test deposit will be processed. You'll then simply need to verify your account and reply to confirm that the test was successful. **Payments will NOT be activated until we receive your confirmation.**

Personal Information & Mailing Address Information

Name		**Given name(s)**	
Number	**Street**		**Suite/Apt.**
City	**Province/State**	**Country**	**Postal Code/Zip**
Email Adress			
Home Phone No	**Cell Phone No**	**Sex** ❑ Male ❑ Female	**Date of birth** (DD/MM/YYYY)

Information for Statistical Purposes

Gender ❑ Male ❑ Female ❑ Other ❑ Prefer not to answer

Number of children under the age of 18 :

I request that all correspondence be sent in ❑ English ❑ French

City and Province of birth (Or if not born in Canada, City and Province lived in when first arrived)

High School Graduation Year

Are you receiving an NCAA athletic scholarship (NCAA)? ❑ Yes ❑ No

Citizenship ❑ Canadian ❑ Permanent Resident since (DD/MM/YYYY) _____

Demographic information ❑ Indegenous ❑ Visible Minority

Parents/Guardians Information: Mandatory if under 18 years of age

Name	Given Name(s)		
Number	**Street**		**Suite/Apt.**
City	**Province/State**	**Country**	**Postal Code/Zip**
Email address			

Training Information

Primary Coach

Name	Given Name(s)

Canadian Sport Centre/Institute

❑ Atlantic ❑ Alberta ❑ Ontario ❑ Pacific ❑ Quebec ❑ Saskatchewan ❑ Winnipeg

❑ **Not currently receiving service from a Canadian Sport Centre/Institute**

Purpose of the Athlete Assistance Program

The AAP recognizes the commitment athletes make to long-term training and competition programs and seeks to relieve some of the financial pressures associated with participation in international sport. In particular, the AAP provides direct financial support to Canadian high-performance athletes.

AAP financial support is subject to your availability and eligibility to represent Canada in major international competitions, including World Championships, Olympic Games or Paralympic Games. This includes participation in all NSO designated selection and qualification processes for any upcoming World Championships, Olympic Games or Paralympic Games. You must also sign and adhere to your Athlete/NSO Agreement. .

Eligibility

Completion of this application form does not guarantee that you will be carded. You must meet all other Athlete Assistance Program (AAP) and National Sport Organisation (NSO) eligibility requirements, be nominated by your NSO and be approved by Sport Canada during the annual AAP review process.

IMPORTANT NOTICE

Annually, all carded athletes are required to complete the CCES's True Sport Clean 101 and the Sport Canada – Athlete Assistance Program online courses prior to their AAP payments being processed.

You will receive an e-mail from the Athlete Assistance Program inviting you to complete these courses and providing instructions on how to do so.

AUTHORIZATION	**YES / NO**
Do you consent to Sport Canada<s disclosure of your personal information with your Member of Parliament for the purpose of recognizing and promoting the achievements of Canada's high-performance athletes in their constituency?	❑ ❑
Do you authorize the unrestricted non-commercial use and publication by Sport Canada of your name and sport persona photographic likeness, without charge, in all forms and media (e.g. promotional materials, broadcasts, press releases and other communications and publications issued by Sport Canada, including publication on Sport Canada's website) for the purpose of promoting its programs?	❑ ❑
Your photographic likeness may constitute personal information within the meaning of the Privacy Act. Do you consent to its Disclosure by Sport Canada?	❑ ❑

SIGNATURE (S)

I hereby declare that I have read and understand all the information in this document, and to the best of my knowledge, the above information is true and complete. If I am granted any financial support provided under the Sport Canada Athlete Assistance Program, I undertake to fulfill all commitments outlined in the Athlete Assistance Program Policies and Procedures and my Athlete/NSO Agreement and agree to refund any AAP financial support received, payable to the Receiver General for Canada, should my carding eligibility status change or my carding status be withdrawn effective the withdrawal/change of status date.

I ACCEPT AAP FINANCIAL SUPPORT ❑

I DECLINE AAP FINANCIAL SUPPORT ❑

I AM DECLINING AAP financial support with the understanding that this financial support will be reallocated to another athlete within my sport who qualifies for AAP support.

Athlete's Signature _____ Date _____

If the athlete is under the age of 18 years, this Application Form must also be approved and signed by the Parent/Guardian

Parent/Guardian's Signature _____ Date _____

IF YOU ARE A CURRENT OR FORMER FEDERAL GOVERNMENT EMPLOYEE: I acknowledge that I am subject to the Values and Ethics Code for the Public Service

Athlete's Signature _____ Date_____

The athlete is hereby notified of the public disclosure by PCH of the financial support provided to the athlete by the Athlete Assistance Program. The Minister shall ensure that any public disclosure respects all requirements to protect personal information and third-party information.