

BCC Achievement Grants 2024-2025

Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, please take a moment to read the [Achievement Grant Guidelines](#).

Incomplete applications will not be considered.

Applicants may only apply on one occasion for an Achievement Grant per financial year. (1 July 2024 to 30 June 2025)

This section of the application form is designed to help you, and us, understand if you are eligible for this grant.

It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact the grants team at grants@burnie.tas.gov.au or by phoning **6430 5832**.

Confirmation of Eligibility

I confirm that the applicant ...

- has read and understands the program guidelines
- has been selected to represent Tasmania or Australia in a national or international event, conference or seminar
- can confirm the applicants selection as a State or National representative, written confirmation of selection from the relevant state or national organisation must be provided.
- is a Burnie resident
- has not received an Achievement Grant payment during the 2024/2025 financial year

Please select below: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy

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statement, go to www.burnie.net or view the full policy titled [Personal Information Protection Policy](#).

Applicants Details

Applicant name *

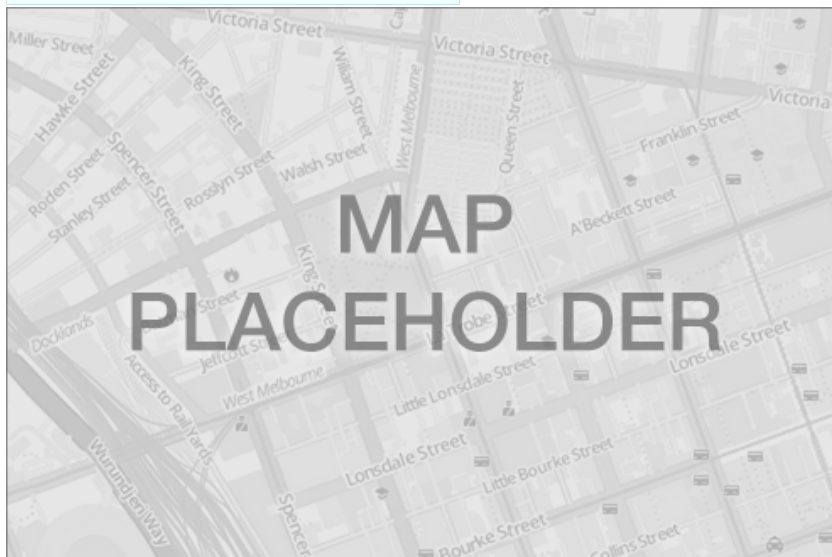
First Name

Last Name

Please use the applicants full name. If the applicant is under the age of 18, a parent or guardian will need to apply on their behalf.

Applicants Primary Address

Address



Applicants Postal Address

Address

Primary contact person *

Title

First Name

Last Name

This is the person we will correspond with about this grant

Primary phone number *

Must be an Australian phone number.

Mobile phone number

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Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Representation Details

* indicates a required field

Representative Name

Who is the representative that has been selected to represent Australia or Tasmania?

Date the competition or event starts

Competition or event end date

If unknown, provide your best guess or leave blank If unknown, provide your best guess or leave blank

Please provide a short summary of your national or state representation

Be descriptive, but succinct.

Please upload correspondence to confirm the applicants state or international selection to support your application *

Attach a file:

This can be a letter of congratulations , or an email or team selection notice that clearly identifies the organisation that has selected the applicant and the name, dates and location of the national or international event, conference or seminar being attended

Name of Team

please provide the name of the team or organisation the applicant has been selected to represent

Location of event

Please name the location where the representative will be competing or participating

Date of event or competition

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Please input the dates the representation will be representing the state of national team or organisation

Bank Account

Bank Account

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

If your application is successful, payment of your grant will be paid directly into your nominated account

Name of Bank

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I agree *

☐ Yes

☐ No

Name of Applicant *

Title

First Name

Last Name

Contact phone number *

Must be an Australian phone number.

Contact Email *

Must be an email address.

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.

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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.