

# 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](mailto: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](http://www.burnie.net) or view the full policy titled [Personal Information Protection Policy](#).

### Applicants Details

#### Applicant name \*

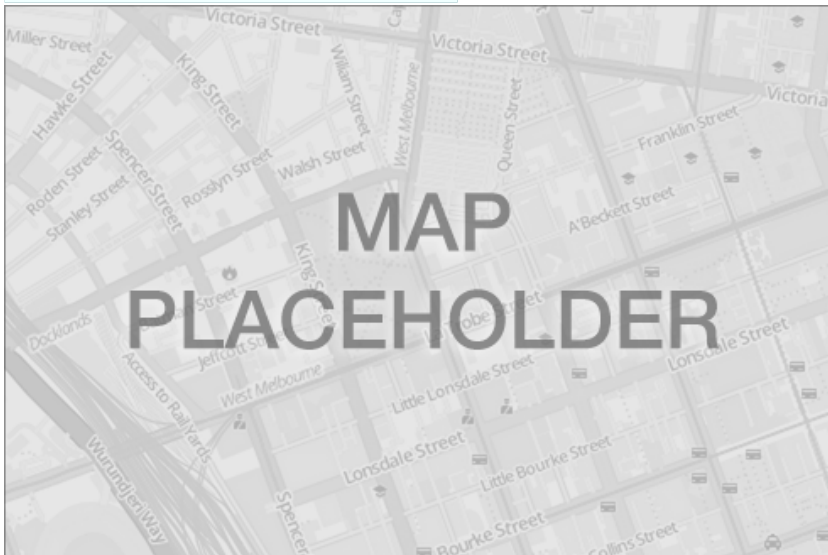
First Name

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.**