Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, please take a moment to read the <u>Achievement</u> Grant Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

Applicants may only apply on one occasion for an Achievement Grant per financial year. (1 July 2023 to 30 June 2024)

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
- is a Burnie resident
- has not received an Achievement Grant payment during the 2023/2024 financial year

| P | lease | sel | ect | be | low: | * |
|---|-------|-----|-----|----|------|---|
|---|-------|-----|-----|----|------|---|

○ 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 <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>www.burnie.net</u> or view the full policy titled <u>Personal Information Protection Policy</u>.

Applicants Details

of 18, a parent or guardian will

Form Preview

| Primary contact person * | Applicant name First Name | e * Last Name | |
|---|--|---|---------------|
| 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 * | | | nder the ago |
| 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 * | Applicants Prin Address | nary 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 * | | | |
| 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 * | Miller Street Hills Held Held Held Held Held Held Held Held | Sured Wald Street Man | Victori |
| 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 * | Distres | ACEHOI DEL | 3 |
| 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 * | The same | Mahourie and de Street | onso sie Stre |
| 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 * | | Lonsdale Street Lude Bourke Street | |
| Primary contact person * Title First Name Last Name This is the person we will correspond with about this grant Primary phone number * | | Bourke Street Collins Street | |
| Primary contact person * Title First Name Last Name This is the person we will correspond with about this grant Primary phone number * | | tal Address | |
| Title First Name Last Name This is the person we will correspond with about this grant Primary phone number * | Address | | |
| Title First Name Last Name This is the person we will correspond with about this grant Primary phone number * | | | |
| Primary phone number * | | | |
| Primary phone number * | | | |
| | This is the person | we will correspond with about this gra | nt |
| Must be an Australian phone number | Primary phone | number * | |
| MOUSE DE QUI AUSTIQUATION DE CONTROLE | Must he an Austral | lian nhone number | |
| Mobile phone number | | | |

Primary contact person's email address *

Must be an Australian phone number.

Form Preview

| 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 support your application * Attach a file: |
| This can be a letter of congratulations from the organisation / team / body that the individual has been selected or the letter sent to the representative confirming their selection in an event. A maximum of 5 files can be attached. |
| 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 |
| Please input the dates the representation will be representing the state of national team or organisation |
| Bank Account |

Form Preview

| Bank Account Account Name | | | | | | |
|---|--------------------|---------------------------|----------------------|------------------------------|----------------------------------|--|
| DCD Number | Account Numb | or | | | | |
| BSB Number | Account Numb | er | | | | |
| Must be a valid Aus If your application i account | | | r grant will be paid | d directly into yo | ur nominated | |
| Certification | and Feedb | ack | | | | |
| * indicates a requ | ired field | | | | | |
| Certification | | | | | | |
| This section must applicant. | be completed | by an appr | opriately authori | sed person on | behalf of the | |
| I certify that to application are | | | dge the statem | ents made w | ithin this | |
| l agree * | | ○ Yes | | ○ No | | |
| Name of Applica | ant * | Title | First Name | Last Name | | |
| Contact phone | number * | Must be ar | n Australian phone | number. | | |
| Contact Email * | | | | | | |
| Contact Linan | | Must be an email address. | | | | |
| | | Must be ar | i emaii address. | | | |
| Date * | | | | | | |
| | | Must be a | date | | | |
| Applicant Fee | dback | | | | | |
| You are nearing t click the SUBMIT | | | | | | |
| Please indicate ○ Very easy | how you foun | d the onli | | process: Difficult | Very difficult | |
| How many minu | ıtes in total d | id it take | you to complet | te this applica | ation? * | |
| Estimate in minutes | s i.e. 1 hour - 60 | | | | | |

BCC Achievement Grants - 2023/2024 Form Preview

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