

# Application Form Individual Excellence Program 2324

## Form Preview

### Important Notice

\* indicates a required field

### Guidelines

Western Downs Regional Council is collecting personal information you supply on this form in accordance with *Local Government Act 2009*. The personal information collected on this form will be used to assess and process applications under the Individual Excellence Program. Your personal information will be accessed by persons who have been authorised to do so. Your information will not be given to any other person or agency unless required by law. Your personal information is handled in accordance with the *Information Privacy Act 2009*.

#### Guidelines

Please refer to the Individual Excellence Program guidelines and the over-arching Community Grants - Council Policy by clicking [here](#) prior to completing this application form.

For further information please phone Council on 1300 268 624 to speak with a member of the Grants team.

I have read the Individual Excellence Program Guidelines and Community Grants - Council Policy prior to completing this application and confirm that to the best of my knowledge this application meets eligibility requirements.

#### By clicking proceed:

I confirm that I am making this application in my own right and am over 18 years of age; or that I am the parent or responsible adult over 18 years of age legally authorised to make this application on behalf of the named individual or team for which this application is being lodged.

#### Confirmation \*

Proceed

### Initial Criteria

\* indicates a required field

Applicant | Organisation submitting application

**If this application is for the School Dux category, applicant details should relate to the school/college.**

**Applicant Name \***

Organisation Name

**Applicant Address \***

Address

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<input type="text"/>		
<input type="text"/>		
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Applicant Email Address**

\*

**Applicant Phone Number**

\*

Must be a number.

**Is this application being made for an individual, a team or a School Dux? \***

- Individual  
 Team (a team is considered to be collectively, 3 or more individuals who will attend the same event in the same team, age group or gender)  
 School Dux

Please tick one box only

Individual

**Name of individual attending the event \***

**Date of birth \***

Must be a date.

Team Members

**Name of Individual Team Members**

**Date of Birth**

Name of Individual Team Members	Date of Birth
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

School Dux

**School Name \***

**Year Level of Dux Recipient \***

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**Name of Award to be Funded \***

**Date of school awards ceremony \***

Must be a date.

To request the attendance of a Councillor at your school awards ceremony, please submit an application using the following link:

<https://au.openforms.com/Form/1305acf9-f2c8-43fa-a9a5-d3ac2c3ea827>

**How will Council support be acknowledged? \***

## Application Type

**What is this application for? \***

- Individual selected in a State team to compete at a National level
- Individual selected in a National team to compete at International level within Australia
- Individual selected in a National team to compete at International level overseas
- Team (3 or more individuals) or group selected in the above categories can apply for a group total

## Event Details & Supporting Documentation

\* indicates a required field

**Event Name \***

**Event start date \***

Must be a date.

Application must be made prior to the attendance of the event. No funding will be made retrospectively.

**Event end date \***

Must be a date.

**Event Location \***

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**Please provide your participation in the social, cultural, academic or sporting activity you have been selected to attend \***

**Provide specific details on how the funds will be utilised \***

Word count:

Must be no more than 100 words.

**Provide written evidence for team or individual of selection and acceptance as a representative of the cultural/academic/sporting or recreational activity \***

Attach a file:

MUST state the name of the applicant

**Provide written letter of support by the applicant's club/school/association \***

Attach a file:

## Agreement

\* indicates a required field

**The person named hereafter \***

Title      First Name      Last Name

  

Must be over 18 years of age (or the parent of a minor)

Confirms that:

**The details in this application and any attachments provided are lawfully true and correct; and, I am over 18 years of age or that I am legally authorised to make this application on behalf of the applicant or applicants who are under 18 years of age \***

Yes