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.

Co	nfirmation	*
\bigcirc	Proceed	

Initial Criteria

* indicates a required field

Applicant / Organisation submitting application

If the application is being submitted for a minor, the applicant is to be the parent/guardian.

Applicant *	
○ Individual	 Organisation
Organisation Name	

Title	First Name	Last Name		
Applican Address	t Address *			
Applican	t Phone Numbe	r *		
Must be ar	n Australian phone n	umber.		
Applican	t Email *			
Must be ar	n email address.			
Is this ap ○ Individ ○ Team	dual	made for an ind	lividual or team *	
IndividIndividIndivid	dual selected in a dual selected in a (3 or more indivic	State team to con National team to on National team to o	compete at Internation	al level within Australia
_	portunity arises deavours.	, applicants sho	uld acknowledge Co	uncil's support of
Individu	ual			
Name of	individual atter	nding the event	*	
Date of I	birth *			
Must be a	date.			
Team M	lembers			
Name of	Individual Team	n Members	Date of Birth	
			Must be a date.	

Team Members	
Please upload completed Individual Excelle	ence Program - Consent Form
* Attach a file:	
Event Details & Supporting Docum	nentation
* indicates a required field	
Event Name *	
Event Start Date * Must be a date. Application must be made prior to the attendance of tretrospectively.	f the event. No funding will be made
Event End Date *	
Must be a date.	
Event Location *	
Please outline your participation in the cul- recreational activity you have been selected	
Provide specific details on how the funds w	will be utilised *

representative of the cultural/academic/sporting or other 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/guardian of the 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
* O Yes