Application Form Individual Excellence Program 2627

Form Preview

Important Notice

* indicates a required field

Guidelines

Western Downs Regional Council is committed to handling your personal information in accordance with the *Information Privacy Act 2009* (Qld) and the Queensland Privacy Principles (QPPs).

QPP 5 obliges Council to advise you of certain matters when collecting your personal information.

This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.

The personal information collected on this form will be used to process applications under the Individual Excellence Program. The personal information you supply on this form in accordance with *Local Government Act 2009*.

If you choose not to provide your personal information, for example your name and contact details, Council will not be able to consider your grant application.

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.

Council's privacy policy explains how you may request access to and/or seek correction of your personal information. Council's policy also explains how you can complain to Council if you consider Council has breached its obligations to manage your personal information in accordance with the QPPs, and how we deal with privacy complaints.

If you have any questions about how your personal information will be handled, please contact Council on telephone 1300 268 624 or info@wdrc.qld.gov.au.

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 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

Applicant Address (Please note individuals/groups must be full-time residents of the Western Downs Regional Council local government area) *
Address

Applicant Phone Number *
Must be an Australian phone number.

Applicant Email *
Must be an email address.

Is this application being made for an individual or team *
○ Individual
○ Team

What is the 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

If the opportunity arises, applicants should acknowledge Council's support of their endeavours.

Individual

Name of individual attending the event *

Date of birth *

Must be a date.

Team Members

Name of Individual Team Members	Date of Birth
	Must be a date.

Team Members

Please upload completed Individual Excellence Program - Team Consent Form

*

Attach a file:

Event Details & Supporting Documentation

* indicates a required field

Event Name *

Event Start Date *

Must be a date.
Applications must be submitted 6 weeks before your event. 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 *

Please outline your participation in the cultural, academic, sporting or other recreational activity you have been selected to attend *

Provide specific details on how the funds will be utilised *

Provide written evidence for team or individual of selection and acceptance as a 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

*

○ Yes