

# RAF Quick Response Grant Application 2026

## Form Preview

### Regional Arts Fund Quick Response Grant Application

\* indicates a required field

#### Preparing to write your application

For the best chance at success, we strongly encourage you to read the program guidelines and contact the Regional Program Administrator in your State or Territory to discuss your application. They are here to help, and can help you to understand how your project fits within the guidelines of the fund. Before you contact the RPA, read through the form as it will assist with your understanding of the guidelines.

Download the [Regional Arts Fund Program Guidelines](#).

Find the [contact details for your Regional Program Administrator](#).

#### Have you read through the Regional Arts Fund Guidelines? \*

- ☐ Yes  
☐ No

#### Have you discussed your application with the Regional Program Administrator in your State/Territory? \*

- ☐ Yes  
☐ No

#### What is the name of the staff member you discussed your application with? \*

#### Contact Details

Please provide the contact details for the primary applicant. If you are submitting an application on behalf of an organisation, please provide the organisation name and contact details below. You will be prompted to provide a contact person within the organisation later in the form.

#### Applicant Name \*

- ☐ Individual      ☐ Organisation  
Organisation Name

First Name      Last Name

#### Applicant Primary Email \*

Must be an email address.

#### Applicant Primary Phone Number \*

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Must be an Australian phone number.

### Organisation Primary Contact

Please provide the details for the main contact person for this application.

#### Organisation Contact \*

First Name

Last Name

#### Organisation Contact Position \*

#### Organisation Contact Primary Email \*

Must be an email address.

#### Organisation Contact Primary Phone Number \*

Must be an Australian phone number.

### Accessibility

We aim to make this grant:

- quick to apply for
- easy to understand
- accessible to first-time applicants

You can ask for support with your application. If you would like help completing the form, contact the Regional Program Administrator in your State or Territory.

If you would like to submit in an alternative format such as large print, audio or video, please indicate below.

Please note that requests for alternative format submissions must be received at least five business days before the closing date of the round.

#### Would you like to submit this application in an alternative format? \*

- ☐ Yes
- ☐ No

When you submit this form, a request for an alternative format submission will be sent to the Regional Program Administrator.

If you have not received a response within 2 business days, please contact your Regional Program Administrator directly.

Find the [contact details for your Regional Program Administrator](#).

### Eligibility

\* indicates a required field

#### Regional Arts Fund Eligibility

The Regional Arts Fund provides designated funding for **organisations and individuals that are based in regional areas**. Organisations or individuals based in metropolitan locations are not eligible to apply for the Regional Arts Fund.

To determine eligible locations, the fund uses the Modified Monash Model. You enter your primary address into the [Regional Arts Fund Eligibility Map](#) to find out the MM classification. This address should match the address on your ABN.

#### What is the MM classification of your primary address? \*

- ☐ MM 1
- ☐ MM 2
- ☐ MM 3
- ☐ MM 4
- ☐ MM 5
- ☐ MM 6
- ☐ MM 7
- ☐ overseas

#### What type of applicant are you? \*

- ☐ Individual
- ☐ Individual under 18
- ☐ Incorporated Association
- ☐ Unincorporated Group (requires auspice)
- ☐ Local Government
- ☐ Company Limited by Guarantee
- ☐ School (MM 7 locations only)
- ☐ Other

#### Do you have an active ABN that is registered to your name and location? \*

- ☐ Yes
- ☐ No

#### Do you have any outstanding acquittals for the Regional Arts Fund, or other Government grants? \*

- ☐ Yes
- ☐ No

#### Applicants Under 18

You will need your application to be auspiced by an individual who is over 18 and has an active ABN.

**The individual auspicings your application should be aware that they will need to enter into a legally binding grant agreement with the Regional Program Administrator.**

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The individual auspicings your application will be responsible for meeting the obligations set out in the agreement as well as managing, reporting on and acquitting the funding.

You will be required to enter the details of the individual auspicings your application in the Applicant Details section of this form.

**Do you have an individual with an ABN who can auspice your application? \***

- ☐ Yes
- ☐ No

## Unincorporated Groups

You will need your application to be auspicied by an organisation that meets the following criteria:

- an Australian incorporated organisation or local government organisation
- if required by the Australian Tax Office, be registered for the purposes of GST
- not have any outstanding reports, acquittals or serious breaches relating to any Australian Government funding or funding from a state or territory Regional Program Administrator. A serious breach is one that has resulted in, or warrants, the termination of a grant agreement.

**All activities undertaken must have the support and approval of the auspice body.**

You and your auspice body should be aware that the auspice body will need to enter into a legally binding grant agreement with the Regional Program Administrator. The auspice body will be responsible for meeting the obligations set out in the agreement as well as managing, reporting on and acquitting the funding.

You will be required to enter the details of your auspicings organisation in the Applicant Details section of this form.

**Do you have an auspice organisation that meets the eligibility criteria? \***

- ☐ Yes
- ☐ No

## Ineligible

Please contact your Regional Program Administrator to discuss your eligibility before continuing with this application.

**Your answers to the eligibility questions above indicate that you are not eligible to apply for the Regional Arts Fund. \***

- ☐ I understand

## Quick Response Grant Eligibility

Quick Response Grants will fund professional development opportunities for artists and arts workers or small activity opportunities. The program supports immediate need that arises where the activity is unable to be planned for or supported in other funding rounds, for example taking up professional development, skills development or small activity opportunities at short notice.

**Have you received a Quick Response Grant in this financial year? \***

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- ☐ Yes  
☐ No

**Will your activity start within 2-12 weeks from the closing date of this round? \***

- ☐ Yes  
☐ No

Activities with a critical start date within 2 - 6 weeks from the closing date of this grant round will be prioritised. If your activity starts later than 6 weeks, it may be more competitive in the next round.

**Does this activity have an immediate need for funding? \***

- ☐ Yes  
☐ No

For example, it has arisen at short notice and there have been no other available streams of funding that you could apply for.

Quick Response Grants support small, time-sensitive arts opportunities for artists and arts workers in regional Australia. These grants are designed for opportunities that:

- arise unexpectedly
- cannot be planned in advance
- cannot wait for a larger funding round

**When did you find out about this opportunity? \***

Word count:

Must be no more than 150 words.

**Tell us why this opportunity cannot happen at any other time: \***

Word count:

Must be no more than 150 words.

**Please upload any evidence that supports the above:**

Attach a file:

## Ineligible

Please contact your Regional Program Administrator to discuss your eligibility before continuing with this application.

**Your answers to the eligibility questions above indicate that you are not eligible to apply for a Quick Response Grant. \***

- ☐ I understand

## Applicant Details

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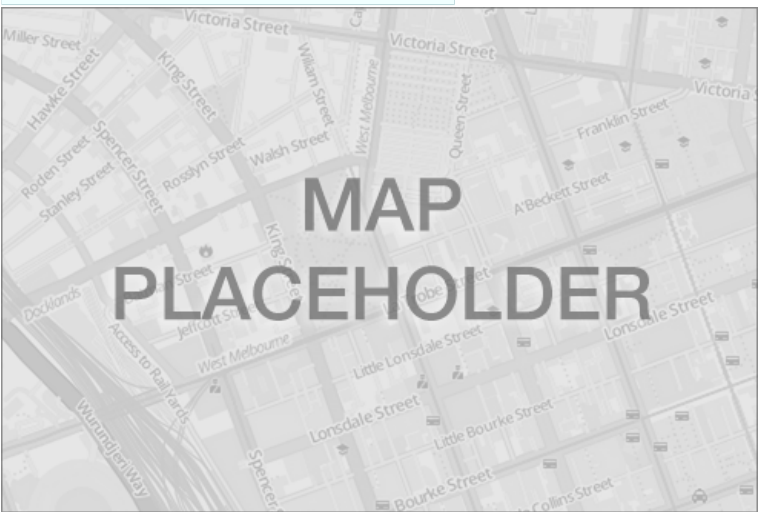
\* indicates a required field

### Location

Please enter the street address of your primary location. This should match the address registered on your ABN. If your address doesn't appear in the search bar, you can move the pin on the map or enter the coordinates of your location.

**Primary Address \***

Address



**Applicant Postal Address \***

Address

### Applicant ABN

**Applicant ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register |  |
|---------------------------------------------------|--|
| ABN                                               |  |
| Entity Name                                       |  |
| ABN Status                                        |  |
| Entity Type                                       |  |

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

**Does the 'Main business location' listed above match the postcode in your primary address provided? \***

- ☐ Yes  
☐ No

Please contact the Australian Business Register to update your details here: <https://www.abr.business.gov.au/Help/UpdateABNDetails>

Regional Arts Funding can only be paid to applicants whose physical address matches their ABN 'main business location'.

You can submit this form and then proceed with updating your 'main business location'. We will still process your application.

### Auspice Information (Individuals under 18)

Your answers to the eligibility questions indicate that your application must be auspiced by an individual over 18 with an active ABN.

For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines [here](#).

#### **Auspice Contact Name \***

First Name

Last Name

#### **Auspice Contact Primary Email \***

Must be an email address.

#### **Auspice Contact Primary Phone Number \***

Must be an Australian phone number.

#### **Auspice ABN \***

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register

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ABN  
Entity Name  
ABN Status  
Entity Type  
Goods & Services Tax (GST)  
DGR Endorsed  
ATO Charity Type [More information](#)  
ACNC Registration  
Tax Concessions  
Main Business Location

Must be an ABN.

### **Auspice Contact Primary Address \***

Address

### **Auspice Contact Postal Address \***

Address

## Auspice Information (Unincorporated Organisations)

Your answers to the eligibility questions indicate that your application must be auspiced by an organisation that meets the eligibility criteria.

For more information about applications from auspice bodies, please see clause 7.1 in the Regional Arts Fund Guidelines [here](#).

### **Auspice Organisation Name \***

Organisation Name

### **Auspice Organisation Primary Email \***

Must be an email address.

### **Auspice Organisation Primary Phone Number \***

Must be an Australian phone number.

### **Auspice Organisation ABN \***

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The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Business Register |                                  |
|---------------------------------------------------|----------------------------------|
| ABN                                               |                                  |
| Entity Name                                       |                                  |
| ABN Status                                        |                                  |
| Entity Type                                       |                                  |
| Goods & Services Tax (GST)                        |                                  |
| DGR Endorsed                                      |                                  |
| ATO Charity Type                                  | <a href="#">More information</a> |
| ACNC Registration                                 |                                  |
| Tax Concessions                                   |                                  |
| Main Business Location                            |                                  |

Must be an ABN.

### Auspice Organisation Primary Address \*

Address

### Auspice Organisation Postal Address \*

Address

### Auspice Organisation Primary Website

Must be a URL.

## Grant Activity

\* indicates a required field

### Activity Summary

If your application is successful, the title and summary provided below will be used to promote your project publicly. Please write your summary in the third person (i.e. don't use "I" or "me"), and avoid using dot points or lists.

#### Activity title \*

If your application is successful, this will be published publicly.

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### Activity summary \*

Word count:

Must be no more than 50 words.

If your application is successful, this will be published publicly.

### Start Date \*

Must be a date.

Must be within 2-12 weeks of the closing date of the round in which this application is submitted

### End Date \*

Must be a date.

Must be within 12 months from the project start date

### Activity type \*

- ☐ Arts project
- ☐ Professional development for artists and arts workers
- ☐ Community capacity building project

### What is the main artform of your activity? \*

- |                                              |                                   |
|----------------------------------------------|-----------------------------------|
| <input type="radio"/> Circus                 | <input type="radio"/> Film        |
| <input type="radio"/> Community Arts         | <input type="radio"/> Literature  |
| <input type="radio"/> Crafts                 | <input type="radio"/> Music       |
| <input type="radio"/> Cross artform          | <input type="radio"/> Puppetry    |
| <input type="radio"/> Cultural Heritage      | <input type="radio"/> Theatre     |
| <input type="radio"/> Dance/Physical Theatre | <input type="radio"/> Visual arts |
| <input type="radio"/> Digital Arts           |                                   |

if more than one main artform please select 'cross artform'

## Activity Details

The questions below help us to understand how your project aligns with the Regional Arts Fund objectives.

### What do you want to do and why? (Opportunity, Impact & Reach) \*

Word count:

Must be no more than 300 words.

### Who is involved in your project and how will they benefit from it? (Support & Partnerships) \*

Word count:

Must be no more than 300 words.

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### How will you make it happen? (Quality & Viability) \*

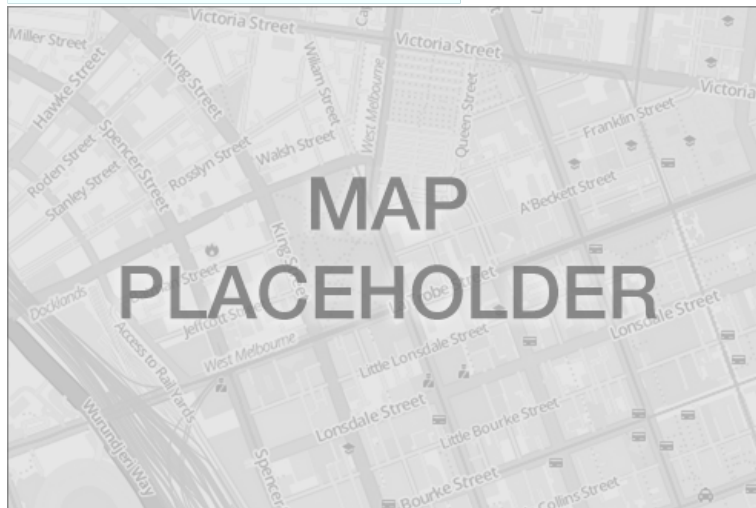
Word count:

Must be no more than 300 words.

### Activity Location

#### Where will your activity take place? \*

Address



If there is more than one location, please enter the main location.

### People

#### How many people will be employed by this activity? \*

Must be a number.

Paid opportunities only. Enter 0 if none.

#### How many people will receive professional development opportunities through this activity? \*

Must be a number.

Enter 0 if none.

#### Who is the primary beneficiary of this activity? \*

- ☐ Aboriginal/Torres Strait Islander people
- ☐ Artists and arts workers
- ☐ Children (0-14 years)
- ☐ General community

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- ☐ LGBTQIA+ community
- ☐ Older people
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People with a disability
- ☐ Youth (12-25 years)

**Is this activity being led by the primary beneficiary selected above? \***

- ☐ Yes - the Applicant or Project Lead(s) identifies with the primary beneficiary listed above.
- ☐ No - the Applicant or Project Lead(s) do not identify with the primary beneficiary listed above.

When working with communities or groups that are not your own, it's helpful to show assessors that the primary beneficiary community or group wants this project to happen. In order to increase the competitiveness of your application, tell us about any consultation you have done with the primary beneficiary and include any letters of support in your support material.

**Tell us about your relationship to the primary beneficiary: \***

## Budget

\* indicates a required field

### Grant Request

Please enter the amount of funding you are requesting from the Regional Arts Fund (this grant). The maximum funding available is \$3,000 for individuals, or \$5,000 for organisations. There is no minimum amount.

**Total Funding Requested \***

Must be a dollar amount.

### Grant Expenditure

How will you spend the funding requested above? Please list the expenses below that will be paid for with this grant.

| Expenditure Category | Description | Cost                     |
|----------------------|-------------|--------------------------|
|                      |             | Must be a dollar amount. |
|                      |             | \$                       |

**Total Funds Requested:**

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This number/amount is calculated.

### Total Grant Expenditure:

This number/amount is calculated.

### Balance: \*

This number/amount is calculated.

Must equal 0.

## Other Funds

Funding from other sources might include:

- Other grants
- Cash contributions from project partners
- Funds generated by the project (eg ticket sales)
- Cash contributions from your own savings or organisations reserves

### Will your project involve funding from other sources? \*

- ☐ Yes  
☐ No

## Other Income

Please list any other funds that will contribute to the delivery of your project. You can add more rows to the table as required.

| Income Category      | Income Description               | Budgeted Income             | Status                                                               |
|----------------------|----------------------------------|-----------------------------|----------------------------------------------------------------------|
|                      | Where are the funds coming from? | How much is being provided? |                                                                      |
| <input type="text"/> |                                  |                             | <input type="radio"/> Confirmed<br><input type="radio"/> Unconfirmed |

## Other Expenditure

In the table below, please show how you will spend the Other Income listed above.

| Category             | Description             | Budgeted Expenditure     |
|----------------------|-------------------------|--------------------------|
|                      | What will you spend the | Must be a dollar amount. |
| <input type="text"/> |                         |                          |

### Total Other Income:

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This number/amount is calculated.

### Total Other Expenditure:

This number/amount is calculated.

### Balance: \*

This number/amount is calculated.

Must equal 0.

## In-Kind Support

In-kind support includes the donation of goods or services that you may receive towards your project. These are contributions that would usually cost money if they weren't being donated.

In-kind support may include:

- Venue or work space provided free of charge
- Donated materials
- Time and expertise
- Free marketing or advertising

### Will your project involve any in-kind support? \*

- ☐ Yes  
☐ No

## In-Kind Support

In-kind support includes the donation of goods or services that you may receive towards your project. These are contributions that would usually cost money if they weren't being donated.

In-kind support may include:

- Venue or work space provided free of charge
- Donated materials
- Time and expertise
- Free marketing or advertising

To strengthen your application, it is recommended that you provide evidence of in-kind support in your support material, in the form of letters of support.

If you have questions about in-kind support please contact the Regional Program Administrator in your state or territory.

| Source | Description | Budgeted Contribution    |
|--------|-------------|--------------------------|
|        |             | Must be a dollar amount. |

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|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

### Total In-Kind Support:

This number/amount is calculated.

### Budget Supporting Material

Please upload any quotes, evidence of costs, confirmation of in-kind support.

#### Budget Supporting Material:

Attach a file:

### Budget Notes

#### How have you calculated any wages or artist fees? \*

#### Are there any notes you would like to provide to help to contextualise your budget?

## Support Material

\* indicates a required field

### Support Material

Please upload your support material as a combined PDF of no more than 10 pages. If you are providing video or audio, please provide a direct link.

Support material helps assessors to gain a better sense of your project. Examples of support material include:

- **Artistic support material:** Image, text, video or audio examples of the applicant's artistic or cultural work.
- **Artist or participant information:** Brief bios or CV's for key artists, personnel or collaborators.
- **Letters of support:** Official letters from organisations or individuals expressing their financial or in-kind support for the activity, or explaining how the activity will benefit the applicant, artists, arts professionals, participants, or the broader community.
- **Letters of invitation/acceptance:** Official acceptance or invitation letters or emails to the applicant from an organisation or individual running an educational program, conference, residency or similar.

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**Please note, do not upload supporting material for your budget here - you will be asked to provide this in the budget section.**

**Please identify which types of support material you have included: \***

- ☐ Artistic support material (images or text)
- ☐ Artistic support material (video or audio)
- ☐ Artist/participant information
- ☐ Letters of support
- ☐ Letter of invitation/acceptance
- ☐ Other:

### Applicant Primary Website

Must be a URL.

### Support Material Upload

**Upload your support material as a combined PDF (max. 10 pages) \***

Attach a file:

A maximum of 1 file may be attached.

### Video or Audio Support Material

Please provide direct links to your video or audio support material.

A maximum of three (3) direct links of audio or video (no greater than three minutes in length) can be uploaded.

#### Description of Link

#### Website

|  |                |
|--|----------------|
|  | Must be a URL. |
|  |                |

## Protocols

\* indicates a required field

### Aboriginal and Torres Strait Islander People and Cultural Materials

**Does your project involve Aboriginal and/ or Torres Strait Islander people or cultural content? \***

- ☐ Yes
- ☐ No

Please answer yes if any project staff, artists, or participants are Aboriginal or Torres Strait Islander, or any content engages with Aboriginal or Torres Strait Islander histories or communities.

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You have selected Aboriginal and Torres Strait Islander people as the primary beneficiaries of this activity, but have selected 'No' for the above question. Please provide an explanation, or select a different primary beneficiary.

**Please provide a brief explanation: \***

Applicants funded under the Regional Arts Fund who are working with Indigenous Australian artists, need to comply with [Creative Australia Protocols for using First Nations Cultural and Intellectual Property in the Arts](#).

You may upload evidence to demonstrate how you will comply with the Protocols. Examples of evidence may include:

- A letter of support
- A video testimonial
- A PDF of email exchanges shared with permission
- Meeting minutes detailing confirmation of participation

**Please confirm: \***

☐ I have read and will comply with Creative Australia's Protocols for using First Nations Cultural and Intellectual Property in the Arts.

**Explain how you will comply with the Protocols for using First Nations Cultural and Intellectual Property in the Arts: \***

**Upload any evidence that supports the above explanation: \***

Attach a file:

## Working with Children

**Does your project (at any stage) involve working with children? \***

- ☐ Yes  
☐ No

Children means individuals under the age of 18 years.

Please list the names of all personnel who will be working with children at any time during this project. For each person, identify the status of their Working With Children Check (WWCC) and provide details if relevant.

If your application is successful, you will be required to provide current WWCC details for all personnel listed below, prior to the activity commencing.

| Name | Does this person have a current WWCC? | WWCC Expiry Date |
|------|---------------------------------------|------------------|
|------|---------------------------------------|------------------|

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|  |  |                   |                 |
|--|--|-------------------|-----------------|
|  |  | Must be a number. | Must be a date. |
|  |  |                   |                 |

### Has anyone involved in your project undertaken training in the National Child Safety Principles? \*

- ☐ Yes  
☐ No

Please provide the name of the person involved in your project who has undertaken training in the National Child Safety Principles. Please also upload evidence that the training has been undertaken.

| Name | Evidence |
|------|----------|
|      |          |

If successful, at least one person involved in this project be required to undertake training in the National Child Safety Principles, **prior to the funding agreement being signed.**

The Australian Human Rights Commission has developed a suite of e-learning modules to help organisations increase their knowledge and understanding of the National Principles and identify steps they need to take as they work towards implementing [National Principles for Child Safe Organisations](#).

There are 11 e-learning modules. They include an introductory module which gives an overview of the development and content of the National Principles, and separate modules on each of the ten National Principles. **Each module will take participants around 20 minutes.**

The modules are intended to help people working or volunteering in all organisations that engage with children and young people – including organisations of various sizes, across Australia, in all sectors. They provide introductory content as well as links to more detailed resources and practical tools.

**These modules are free, and we recommend that you begin completing them now to allow for a quick turnaround should your application be successful.**

Access the E-Learning Modules: <https://childsafe.humanrights.gov.au/learning-hub/e-learning-modules>

### Please confirm: \*

- ☐ I understand that I will be required to provide evidence of completed training in the National Child Safety Principles, prior to funding being awarded.  
☐ I understand that I will be required to provide evidence of current Working With Children Checks for all personnel listed above, prior to funding being awarded.

### Please provide the name of the person who will undertake NSCP training: \*

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### Vulnerable Persons

Vulnerable Person means an individual aged 18 years and above who is or may be unable to take care of themselves, or is unable to protect themselves against harm or exploitation for any reason, including age, physical or mental illness, trauma or disability, pregnancy, the influence, or past or existing use, of alcohol, drugs or substances or any other reason.

**Does your project (at any stage) involve working with Vulnerable Persons? \***

- ☐ Yes  
☐ No

If successful, you will be required to provide a Category 37 Australian Federal Police (AFP) check for each person that will be working with vulnerable people. The AFP checks must be no more than 12 months old.

You can apply for an AFP check online or by mail: <https://www.afp.gov.au/what-we-do/national-police-checks>

These checks must be received before the project can commence.

The cost of the AFP checks can be covered by this grant, please make sure to include it in your budget.

**Please list the names of all personnel who will be working with vulnerable persons at any time during this project:**

**Name**

|  |
|--|
|  |
|--|

**Please confirm: \***

- ☐ I understand that I will be required to provide AFP checks for each person listed above, prior to funding being awarded.

### Data Collection

\* indicates a required field

The following questions help us to identify who is accessing our programs, and what kind of individuals/communities are receiving funding. Your answer will not affect the assessment of your application, but will help us with advocacy and to shape future programs.

### Applicant Demographics

**Do you identify with any of the following groups? \***

- ☐ Aboriginal or Torres Strait Islander  
☐ Culturally and Linguistically Diverse

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- ☐ A person with disability
- ☐ LGBTQIA
- ☐ Youth (25 years and under)
- ☐ None of the above
- ☐ Would rather not say
- ☐ Other:

### Organisation Data

#### Is your organisation an Indigenous or Non-Indigenous organisation? \*

- ☐ Indigenous
- ☐ Non-Indigenous

Indigenous organisation: Any organisation where 50 per cent or more of its Board Directors are Aboriginal or Torres Strait Islander people.

#### What size is your organisation? \*

- ☐ Micro (annual turnover under \$100,000)
- ☐ Small (annual turnover \$100,000 - \$349,999)
- ☐ Medium (annual turnover \$350,000 - \$2,999,999)
- ☐ Large (annual turnover \$3,000,000 and above)

### Regional Arts Fund History

#### What is your history with the Regional Arts Fund? \*

- ☐ I have been successful with a RAF grant
- ☐ I have applied, but never been successful
- ☐ I have never applied

## Privacy Statement and Declaration

\* indicates a required field

### Privacy Statement

The information requested in this application form is to be used for the purposes of determining whether or not an individual or organisation is eligible for funding. **Regional Arts Australia and its network of Regional Program Administrators** also uses the information supplied to distribute mail of interest, such as: newsletters, events, and funding opportunities. Applicants that do not wish to be on this mailing list should notify their **Regional Program Administrator** in their state or territory.

**Regional Arts Australia** values your privacy. For details on how we collect, store and use information, you may review our Privacy Policy [here](#).

The Australian Government stipulates that application details and applicant contact information may be provided to the Australian Government (including the Minister and the Department), Members of Parliament, Regional Arts Australia, and other Regional Program Administrators (in your state or territory). This will include the applicant's name, funded project description, funded amount, town, state/territory, and electorate. This

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information may be published online and used for promotion and reporting purposes.

**Regional Arts Australia** may also use this information to conduct research so that we may better understand community needs and can improve service delivery.

\*

☐ I understand and agree

### Conflicts of Interest

To make sure that your application is assessed fairly, we need to know if any conflicts of interest might arise for you and/or any of your personnel.

**Do you or any of your personnel have a professional, commercial or personal relationship with any staff employed by the Regional Program Administrator, Regional Arts Australia, or the Office for the Arts? \***

☐ Yes

☐ No

**Please provide the name of the person, their role, and a brief description of your connection. \***

### Declaration

I certify that:

- 1.I have read the Regional Arts Fund guidelines for the program that I am applying to.
- 2.All details supplied in this application and in any attached documents are true and correct to the best of my knowledge.
- 3.I understand the application will not be accepted if it is submitted late or subject to outstanding acquittals.
- 4.That the application has been submitted with the full knowledge and agreement of my organisation/group board.
- 5.I agree that I will contact my Regional Program Administrator immediately if any information provided in this application changes or is incorrect.
- 6.I understand that all assessment decisions are final.

**Name of person making declaration \***

First Name

Last Name

**Date of declaration \***

Must be a date.