

Veterans' Health Week Funding & Registration Application Form

Who should complete this form?

- Ex-service organisations and community organisations applying for Veterans' Health Week (VHW) funding
- Ex-service organisations and community organisations that don't require VHW funding and would like to have their event registered on the DVA VHW website.

Applications must:

- Support the yearly VHW theme
- Be held within the relevant DVA VHW date period
- Be completed online and submitted by email to vhw@dva.gov.au
- · Be received by DVA prior to the application closing date.

If you need to include additional information, please provide this content as a separate attachment and indicate the relevant question number. DVA will not accept handwritten applications, applications received by post or applications received after the closing date. If you are holding multiple events, please complete an application form for each event.

PLEASE NOTE: your application will be returned if parts are not completed or further information is required.

Refer to the DVA VHW website for further information www.dva.gov.au/vhw

If you have any questions regarding the completion and submission of the form, please contact the DVA VHW National Administrator or the DVA VHW National Coordinator on **1800 555 254** or email vhw@dva.gov.au

Prior to submitting your application, please do the following:

- · Read the VHW Event Guide.
- Read the VHW Funding and Registration Guidelines (applicable to all events) and VHW Funding Acquittal Guidelines (for funded events only).
- Contact your DVA VHW State/Territory team to discuss your event. Contact details are available on the DVA VHW website www.dva.gov.au/vhw

Privacy notice

Your personal information is protected by law, including the *Privacy Act 1988*. Your personal information may be collected by the Department of Veterans' Affairs (DVA) for the delivery of government programs for war veterans, members of the Australian Defence Force, members of the Australian Federal Police and their dependants.

Read more: How DVA manages personal information.

	PART A	Applicant Details						
1.	In which State or Territory will your VHW event be held?							
2.	How many applications will your organisation be submitting?							
0rg	Organisation Details							
3.	Organisation name							
4.	Street address	POSTCODE						
5.	Postal address	POSTCODE						
6.	Website							
7.	Have you held a VHW event before?	No Yes Unsure						
Det	ails of the person submitting the VHW	application on behalf of the organisation						
PLE/	ASE NOTE: an email address must be provided	1						
8.	Title (Mr, Mrs etc.)							
9.	Surname							
10.	Given name(s)							
11.	Role/position							
12.	Phone							
13.	Mobile							
14.	Email							
	PART B	Event Details						
15.	Contact person for your VHW event on the day							
	,	PLEASE NOTE: this information will be posted on the DVA VHW website if your event is a public/ limited access event, and you may receive calls from the media who wish to attend your event. Phone/mobile/email contact information must be provided.						
16.	Is it the same person who is submitting the application?	No						
17.	Title (Mr, Mrs etc.)							
18.	Surname							
19.	Given name(s)							
20.	Role/position							

	PART B	Event Details cont				
21.	Phone	[] Mobile				
22.	Email					
Eve	nt information					
23.	Event title					
24.	Describe your event (Tell us how your event reflects the annual theme and what will happen at your event)					
25.	Which date(s) will your event run?					
26.	Event address/location details					
	,	POSTCODE				
27.	Event requirements					
	Do participants need to bring anything?)					
28.	Time	START : FINISH :				
29.	Federal Electorate					
	(for the event location)					
30.	Zone	Metro Regional				
31.	Describe your event for the DVA website (A brief promo in 20 words or less)					
	(Tanta promo in 20 nordo or 1886)					
32.	Event type	New event An extension of a past VHW event that includes a new component Repeat of a previous VHW event				
33.	Partnerships	No				
	Will you be partnering with any other groups or organisations to	Yes Please list groups or organisations				
	other groups or organisations to plan or run your VHW event?					

34.	Please select the veteran community groups who will be the focus of your event and the expected number likely to attend	Veteran community groups attending	Estimated number				
		Former serving personnel					
		Former serving personnel and families					
		Current serving personnel					
		Current serving personnel and families					
		General community					
		Other (please specify)					
		TOTAL					
35.	Access	Open to all Limited numbers Restricted act	ivity				
36.	If limited numbers or restricted,						
	please explain why						
37.	Please provide a RSVP date for the VHW website for limited number events	/ /					
	TODOICO TOT TIMITOU TIUMBOT OTOTICO	PLEASE NOTE: an event listing will be posted on the DVA website one month p	orior to VHW.				
38.	Would you be agreeable to DVA and/or the local MP/Ministry representative attending your event?	No Yes					
	PART C	Financial Details					
	If applying for VHW funding, please complete	Part C. If NOT, please continue to Part D.					
Organisation's financial details							
Org	anisation's financial details						
_	ganisation's financial details Organisation ABN	PLEASE NOTE: if an ABN is not available please provide a Statement of Suppl from the ATO website if not already provided to DVA.	ier form available				
39.	Organisation ABN	· · · · · · · · · · · · · · · · · · ·	ier form available				
39.		· · · · · · · · · · · · · · · · · · ·	ier form available				
39. 40.	Organisation ABN	· · · · · · · · · · · · · · · · · · ·	ier form available				
39. 40. 41.	Organisation ABN Name of bank or financial institution	· · · · · · · · · · · · · · · · · · ·	ier form available				
39. 40. 41. 42.	Organisation ABN Name of bank or financial institution Account name	· · · · · · · · · · · · · · · · · · ·	ier form available				
39. 40. 41. 42.	Organisation ABN Name of bank or financial institution Account name Account BSB Account number	· · · · · · · · · · · · · · · · · · ·					
39. 40. 41. 42. 43.	Organisation ABN Name of bank or financial institution Account name Account BSB Account number tails of authorised representative	from the ATO website if not already provided to DVA.	rganisation				
39. 40. 41. 42. 43. Det	Organisation ABN Name of bank or financial institution Account name Account BSB Account number tails of authorised representative	responsible for acquitting VHW funds on behalf of the o	rganisation				
39. 40. 41. 42. 43. Det	Organisation ABN Name of bank or financial institution Account name Account BSB Account number tails of authorised representative ASE NOTE: an email address is required and will Is it the same person who is submitting	responsible for acquitting VHW funds on behalf of the o	rganisation				
39. 40. 41. 42. 43. Def PLE/ 44.	Organisation ABN Name of bank or financial institution Account name Account BSB Account number tails of authorised representative SE NOTE: an email address is required and will Is it the same person who is submitting the application?	responsible for acquitting VHW funds on behalf of the o	rganisation				
39. 40. 41. 42. 43. Det PLE 44. 45.	Organisation ABN Name of bank or financial institution Account name Account BSB Account number tails of authorised representative ASE NOTE: an email address is required and will is it the same person who is submitting the application? Title (Mr, Mrs etc.)	responsible for acquitting VHW funds on behalf of the o	rganisation				

De	tails of authorised representative	respoi	nsib	le for acquitting VH	W funds o	n behalf of the org	anisation cont
49.	Phone	[]		Mobile		
50.	Email						
VH	W Budget and Funding						
51 .	Financial expenses (your out-of pocket expenses) DVA may fund up to a maximum of \$720 (GST incl.) towards the cost of each event. The minimum funding request is \$200 (GST incl.). If your event will cost more than \$720 these additional costs must be covered by your organisation. How would you like to use the VHW funding? Make sure you read the VHW funding and registration guidelines as there are some items that DVA will not fund. Include a list of the items you'd like to purchase and their anticipated cost. PLEASE NOTE: the total must not exceed \$720 (incl. GST). Will your event be held North of the Tropic of Capricorn and do you therefore require additional funds to pay for an indoor venue?	Items	for p	ourchase			Cost (GST incl)
							\$
							\$
							\$
							\$
							\$
							\$
							\$
						Total funding requested	\$
		No Yes Name of venue Location of venue Additional funding required for venue hire fee (GST)				GST incl.).	
	PART D	Declar	ratio	n			
53.	Are there any conflicts of interest that may occur from submitting this application?	No _]	Yes			
	Please read and complete the following decl This declaration must be completed by an arauthorised by their organisation to enter into I declare the following: The information provided in this applicatio If and where any personal details of a thir details to appear in this application. I have read, understood and will comply of Guidelines (for funded events only). I have read the VHW Event Guide and control of the complete o	uthorised of a fundition form rd party with the intacted r	ed reping against true in the true in true in true in the true in true	greement with DVA. ue and correct. ncluded, the third party ha Funding and Registration VA VHW State/Territory tea	as been made Guidelines (al im to discuss	aware of, and given pern Il events) and the VHW Fu my event.	nission for those Inding Acquittal
	 I understand that if applying for VHW fund funding agreement and this document minimum signing the agreement will need to provid I understand, that if our organisation is not and this document must be signed and reference. 	ust be si le Proof ot apply	igned of Ide ing fo	I, witnessed and returned tentity. or VHW funding (registered	to DVA. I also	understand that the auth	horised representative
	I understand and agree to the declaration at	ove.					
54.	Full name of authorised representative						
55.	Position of authorised representative						
56.	Date			/			