



# Community Fundraising Application Form

Austin Health is the major provider of tertiary health services and health professional education and research in the northeast of Melbourne.

Austin Health comprises the Austin Hospital, Heidelberg Repatriation Hospital, Olivia Newton-John Cancer Wellness & Research Centre and Royal Talbot Rehabilitation Centre.

Austin Health is an internationally recognised leader in clinical teaching and training, affiliated with eight universities. In addition, it is the largest Victorian provider of training for specialist physicians and surgeons.

Thank you for choosing to support Austin Health!

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Application Date:

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Name of Group/Company/Individual conducting fundraising:

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Responsible Person Title:

Name:

Surname:

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Department:

Position:

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Postal Address:

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Suburb:

State:

Postcode:

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Daytime Phone No.:

Mobile Phone No.:

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Email:

Website:

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Have you ever raised funds for Austin Health before?

Yes ☐

No ☐

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What has inspired you to raised funds for Austin Health?

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Name of proposed activity:

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Date/s of proposed activity:

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Time (commencement and finish times):

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Venue:

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Address:

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Brief description of activity:

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Anticipated number of participants/guests:

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Describe your target audience:

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How do you plan to promote your fundraising activity?

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How will funds be raised e.g. auction, entry fee, sales?

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Are partnerships of any kind being sought or currently in place with any other organisation or individual?

Yes ☐

No ☐

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If yes, please provide details:

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Will Austin Health be the sole beneficiary of funds raised?

Yes ☐

No ☐

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If no, please advise other beneficiaries:

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Please note the percentage of proceeds raised to be donated to Austin Health:

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Proceeds of this fundraising activity are to be directed to

☐ Greatest Need

☐ Specific Department

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Any further comments:

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## Risk Information

Event risks may include but are not limited to:

- Physical risks such as damage to persons or property
- Financial risks
- Compliance risks such as compliance with occupational health and safety, licensing and child protection

Risk management assessment must consider organisational and local government regulations on matters of public health and safety such as:

- traffic management
- noise management
- food safety
- waste management
- construction of temporary structures
- public event management
- contractor/volunteer management
- accident investigation
- evacuation procedures
- patron safety

Fundraisers and/or Organisations must inform and where required obtain permission from relevant local and State authorities, for example:

- council
- police
- ambulance
- traffic authorities
- licensing authorities

Do you have or intend to seek public liability insurance for your fundraising? Yes ☐ No ☐

A risk management assessment plan should:

- identify risks at an Event, including financial and liability
- assess level of risks of an Event,
- control identified risks and
- review risk assessments

A risk management assessment must be a written plan. Using a risk assessment matrix such as the sample matrix below will assist.

Sample Risk Matrix

Identify risk	How likely is the risk? Scale 1 – 4 1 = very unlikely, 2 =unlikely, 3 = likely, 4=very likely			
	VERY LIKELY	LIKELY	UNLIKELY	VERY UNLIKELY
Kill or cause permanent disability or ill health				
Long term illness or serious injury				
Medical attention required and personal leave for recovery				
First aid needed				

Proposed Budget:

Please estimate your event costs and income and ensure that any expenses incurred are reimbursed to you direct from the total revenue generated. These must be fully documented via receipts and be fair and reasonable. Total expenses should be less than 35% of total income raised.

# Sample Budget

Income	\$	Expenses	\$
Sponsorship		Venue	
Ticket Sales		Equipment Hire	
Donations		Food & Beverage	
Live Auction		Entertainment	
Silent Auction		Decorations	
Stall/s		Advertising / Printing	
Raffle/s		Promotional Materials	
Other		Prizes	
		Insurance/Permits	
		Transport	
		Security	
		Other	
<b>TOTAL INCOME</b>		<b>TOTAL EXPENSES</b>	
		<b>TOTAL PROFIT</b>	

Please complete and return this form by email to: [fundraising@austin.org.au](mailto:fundraising@austin.org.au)

or mail to:

Community Engagement Officer

Fundraising & Development Department

Austin Health

Locked Bag 25

HEIDELBERG VIC 3084

If you have any queries regarding the application, please telephone: 03 9496 5753

***Thank you for your support.***

Signature of Applicant

Please Print Name

Date

## For Office Use Only

Date application received:

Application approved Yes / No

Letter of Authority sent: Yes / No

Date:

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## HOLD YOUR OWN EVENT TERMS AND CONDITIONS

**“Event”** means the fundraising activity or event you will conduct to raise funds for Austin Health. **“You”** and **“Your”** means the person named on the Event registration, who is completing the registration.

1. By completing this registration, You agree to comply with the following terms and conditions. You warrant that any other participant on whose behalf You are submitting this registration also agrees to comply with these terms and conditions with any reference to ‘You’ or ‘Your’ throughout the document being a reference to them. You acknowledge and agree that, if You are registering on behalf of a child or children, you are their parent or guardian, or otherwise You have authority from the child or children’s parent or guardian to do so on their behalf. You warrant that they also agree to comply with these terms and conditions as if a reference to ‘You’ or ‘Your’ was a reference to them. Acceptance of these terms and conditions is required in order to fundraising for Austin Health.
2. You agree that you are adequately prepared, both physically and medically, to participate in the Event. You agree that You are not aware of any illness, injury or any other physical disability or impairment which may cause You or any other person injury or death while participating in the Event. If You are unsure about your physical or medical suitability for participating in this Event, You should seek advice from your doctor prior to participating.
3. You agree that if You are registering on behalf of any child or children, You will supervise the child or children at all times during the Event.
4. Participants under the age of 18 must obtain the prior permission of a parent or guardian over the age of 18 to participate.
5. If You collect donations on behalf of Austin Health in relation to the Event, You will send all such donations to Austin Health promptly after the Event.
6. You consent to your name, and any video footage, or photographs taken during the Event or identified as being related to the Event (including but not limited to in social media posts) being used to publicise the Event by Austin Health for commercial and fundraising purposes including, but not limited to marketing material, television broadcasts, social media, advertising, publications, and other documents or mediums that may be made available to the public. Photographs of children will not be used in this manner without the express written consent of their parent or guardian; unless the images are incidental, for example, children’s images in crowds or groups. By registering on behalf of a person under the age of 18 years old, You are confirming that you have consent from that person’s parent or guardian in order for their images to be used by Austin Health in this way without payment or compensation.
7. Privacy statement - Austin Health will collect personal details contained on the registration form for the purpose of administration of the Event and these details may also be used for future marketing and promotional purposes (including electronic messages) by Austin Health. Personal details will not be disclosed by Austin Health to a third party except third parties who provide assistance with administration of the Event for the purpose of the Event and for marketing and promotional purposes (including but not limited to electronic messages). Austin Health may also disclose Your personal information to other similar charities to enable them to send you information about their goods, services and programs (for example, the Olivia Newton-John Cancer Research Institute). Austin Health understands the importance of protecting the privacy of individuals and complies with the relevant legislation to ensure the confidentiality of any personal information collected. Austin Health will retain the information on this form for the purpose of notifying You of future fundraising events, as well as information about Austin Health.
8. Austin Health is not liable for any expenses incurred by organisations or individuals raising money to benefit Austin Health unless specifically authorised in writing.
9. Austin Health may cancel your Event registration at any time. If your Event registration is cancelled by Austin Health, you agree to cease and desist from associating your Event with Austin Health on and from receipt by You of notification of cancellation of your Event registration by Austin Health.
10. You agree to forward samples of all promotional materials and correspondence, including all electronic and possible media releases to the Austin Health Fundraising and Development Department for approval before publishing, promoting or distributing materials. If Austin Health notifies you that any of this material is unacceptable for any reason, you will cease and desist from using that material on and from receipt by You of notification from Austin Health.
11. Liability and Indemnity. You acknowledge that conducting the Event and participation in the Event carries certain risks, including risks associated with your participation in fundraising activities, incurring of expenses and other participants’ behaviour. These risks could result in personal injury or death or damage to your property. You agree that:
  - You accept and assume the inherent risks of conducting the Event and participating in the Event
  - You indemnify, and keep indemnified, Austin Health in relation to any claim that could be made by You or any third party arising out of or in connection with your Event.