

PUBLIC APPLICATION TO RAISE FUNDS
On behalf of
Ballarat Hospice Care Inc. ("Ballarat Hospice")



Applicant's Name:

Organisation:

Phone Number: Mobile

Fax:

Email:

Address: Post Code

Applicant's signature:

Proposed Date of Fundraising activity

Description of Activity

Location of Activity

Is fundraising likely to exceed \$10,000?

If yes, you will need to apply to Consumers Affairs Victoria.

If a raffle, does prize value exceed \$5,000?

If yes, you will need to apply to Victorian Commission for Gambling & Liquor Regulation
Is public liability insurance organised? If food is being sold, Food Permits will be required.

Insurances, Licences & Registrations

Anticipated gross income to be raised

Anticipated event expenditure

Anticipated net income to Ballarat Hospice

How will the funds be forwarded to Ballarat Hospice?

Why did you choose to fundraise for Ballarat Hospice?

What resources would you require from Ballarat Hospice?

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For Ballarat Hospice Office Use Only:

Interview with Applicant arranged:	Yes / No – If no please comment: Comment
Does this event comply with Ballarat Hospice’s PD44 Fundraising Policy	_____ _____ _____
If this event is subject to a Consumer Affairs Victoria application, has an approval letter been provided.	Not applicable / Yes – If yes please comment: Comment _____ _____
If this event is subject to a Victorian Commission for Gambling & Liquor Regulation application, has an approval letter been provided.	Not applicable / Yes – If yes please comment: Comment _____ _____
Has Committee of Management consent been obtained to hold this fundraising event?	Yes / No Comment _____
Does Ballarat Hospice give consent for use of its logo for media promotion? Inform applicant not to alter logo.	Yes / No Comment
Application approved?	Yes / No Comment
Applicant informed of outcome?	Yes / No Comment