

Authority to Fundraise Application

Please complete and return a signed copy of this application form to the Spinal Network prior to your fundraising activity to obtain approval to fundraise and a letter of authority from us.

Please read the fundraising guidelines on our website or Partnership Proposal before completing this form.

SECTION A: FUNDRAISER DETAILS

Application date: ____/____/____

Name of group/company/organisation/individual planning the event ("the fundraiser"):

ABN (if company): _____

Name of individual/s responsible: _____

Street address: _____

Suburb: _____ State: _____ Postcode: _____

Daytime phone: (____) _____ Mobile: _____

Fax: _____ Email: _____

Driver's License No: _____ State of Issue: _____

Please note: Fundraising Authority is not transferrable and is only valid for the named recipient. If other people will also be fundraising for your activity/event they must complete a separate "Authority to Fundraise" application.

SECTION B: FUNDRAISER ACTIVITY/EVENT AND BUDGET

Proposed fundraising activity: _____

Name of activity: _____

Overview of event: _____

Proposed Start Date(s): _____ Proposed End Date(s): _____

Proposed Venue/Location (include address): _____

How will funds be raised? _____

How many people are expected to attend? _____

Please provide an estimate of the net income to be received by the Spinal Cord Injury Network post activity/event.

Estimated Income: _____ Estimated Expenses: _____

Please note: The activity/event cannot be used for your own direct commercial gain or profiteering.

If you are in NSW, your event must be conducted in accordance with the Charitable Fundraising Act 1991 (NSW) and the Charitable Fundraising Regulations (NSW). It is important you are familiar with legal requirements. Please refer to the Office of Liquor, Gaming and Racing NSW www.olgr.nsw.gov.au/

If you are in QLD, you may have to apply for a fundraising license and should contact the Queensland Office of Fair Trading for more information.

If you are in VIC, whether an individual or organisation, you will need to apply to Consumer Affairs Victoria for your own fundraising license to fundraise for the Spinal Cord Injury Network. In the other Territories and States, you may need a letter of authority from us to fundraise for the Spinal Cord Injury Network, which will include information on our fundraising license for that State.

Territories and States (other than NSW) please refer to:

ACT www.ors.act.gov.au/
QLD www.fairtrading.qld.gov.au/
SA <https://www.sa.gov.au/>
TAS www.consumer.tas.gov.au/
VIC www.consumer.vic.gov.au/
WA www.docep.wa.gov.au/
NT www.nt.gov.au/

SECTION C: ASSISTANCE FROM THE SPINAL CORD INJURY NETWORK
(please place an X in the box next to the relevant assistance)

Spinal Network banners (for loan only):	<input type="checkbox"/>	Story on the Spinal Network website 'Latest News'	<input type="checkbox"/>
Press release for local media:	<input type="checkbox"/>	Listing in Spinal Network eNewsletter:	<input type="checkbox"/>
Listing on Spinal Network Social Media:	<input type="checkbox"/>	Spinal Network speaker to attend the event/activity	<input type="checkbox"/>
Spinal Network brochures:	<input type="checkbox"/>		

Please note: While every effort will be made to provide a Spinal Network speaker for your activity/event, not all requests will be able to be met.

SECTION D: PROCEEDS AND SPONSORSHIP
(please place an X in the box)

Will all the proceeds come to the Spinal Network? Yes No

If no, list other organisation(s) (and percentage split): _____

Will the activity/event cross outside of NSW into other states or territories? Yes No

If yes, please list: _____

Will you be seeking sponsorship for the event? Yes No

If yes, please forward your target list and sponsorship proposal to the Spinal Network before approaching sponsors.

SECTION E: ACKNOWLEDGMENT

By signing this application, I acknowledge the following:

- I have read the Spinal Network Fundraising Guidelines carefully and agree to the fundraising rules and regulations outlined in the Spinal Network Fundraising Guidelines and indemnify the Spinal Network from against any claims for injuries or damage arising at or from the event, product or service.
- I understand that I/we must comply with any obligations imposed on me/our organisation(s) by the Charitable Fundraising Act.
- and regulations in the relevant state/territory. I/our organisation(s) will be solely responsible for securing any necessary permits, authorities to fundraise or licenses.
- I understand that I/our organisation(s) am/is/are solely responsible for ensuring the safety of the event.
- I understand that the Spinal Cord Injury Network will not be liable for any expenses associated with the event and have provided an estimated budget outline for consideration.
- I confirm that all information provided in this document is correct at the time of submission and any alterations to the information after the approval process will be forwarded in writing to the Spinal Network for further review prior to the activity/event being held.
- I understand that all funds raised from the activity/event must be forwarded to the Spinal Network within sixty (60) days of the end date of the event, unless previously agreed in writing by the Spinal Network.
- I understand that all media or advertising must follow the Spinal Network guidelines in regard to publicity and that the Spinal Network would appreciate access to images taken in conjunction with the event.
- I understand it must be clear that the purpose of the event is to raise funds for the Spinal Network and it is my/our organisation's responsibility to issue receipts for donations.

Print Name: _____

Signed: _____

Date: _____

Please return completed form to:

Email: info@spinalnetwork.org.au

By post: Spinal Network, Level 6, 39 London Circuit, Canberra City ACT 2601

Office use:

Approved by: _____

Name: _____

Position: _____

Signature: _____

Date: _____