



Application for Authority to Fundraise

Address:
Strategic Relations & Communication Unit
HNE Health
Locked Bag 1
Hunter Region Mail Centre
NSW 2310

Email: HNELHD-communication@hnehealth.nsw.gov.au

Fax: 02 4921 4969

Phone: 02 4985 5522

Once completed, please return this form to Hunter New England Health's Strategic Relations and Communication Unit by clicking "SUBMIT" at the end of the form or print out and send via mail, email or fax.

What HNE Health facility or service are you fundraising for? Please specify if there is a particular ward, unit or service you would like the funds to benefit.

Section A - Fundraising applicant contact details

Name **Organisation**

Address

Phone

Mobile

Email

Drivers licence number

Licence state of issue

Section B - Fundraiser activity/event details

Proposed activity/event

Activity/event date

Event location/venue address

Activity/event description (please add any additional details about the proposed fundraising activity/event)

Section C - Insurance and permits

Do you have Public Liability Insurance for this activity/event?

Yes

No

Not applicable

Do you have any activity required permits from council/government bodies for the activity/event?

Yes

No

Not applicable

Section E - Fundraising budget Please provide a budget outline to the best of your ability, advising an estimate of the net income to benefit the health service.

Estimated income

Ticket sales

Raffle

Donations

Other: please state

Estimated expenditure

Venue

Food

Prizes

Other: please state

TOTAL INCOME

TOTAL EXPENDITURE

* Note: the event cannot be used for your own direct commercial gain or profiteering. The event must have the potential for financial success, so you the organiser are not liable for unpaid expenses.

An acceptable estimated net income to the selected facility or service should be 60/40 (60% being the income raised for the facility/service and 40% the maximum expenses incurred). This applies when an activity/event is held specifically for the purpose of raising funds for a Hunter New England Local Health District facility/service. Please refer to Best Practice Guidelines - Office of Liquor, Gaming and Racing NSW www.olgr.nsw.gov.au.

Section F - Other organisation

Is the activity/event raising money for another organisation?

Yes

No

Name of organisation.

Fundraiser acknowledgement

By printing my name below and submitting the form I/we acknowledge the following:

- I have read the Hunter New England Local Health District fundraising guidelines and indemnify Hunter New England Local Health District from any claims for injuries or damage arising at or from the event, product or service.
- I understand that I/we must comply with the Charitable Fundraising Act NSW 1991. I or my organisation will be solely responsible for securing any necessary permits, authorities to fundraise or licenses.
- I understand that I or my organisation is solely responsible for ensuring the safety of the event.
- I understand that Hunter New England Local Health District reserves the right to withdraw approval or fundraising at any time, should the organiser/s fail to comply with fundraising guidelines.
- I understand that Hunter New England Local Health District will not be liable for any expenses associated with the event or fundraiser.
- I confirm that all information 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 Hunter New England Local Health District for further review prior to the event or fundraiser.
- I understand that all funds raised from the event/fundraiser must be forwarded to Hunter New England Local Health District within thirty (30) days of the end date of the event.
- I understand that all media or advertising must follow the guidelines in regard to publicity. Any of Hunter New England Local Health District's logos must be clearly visible and it must be clear that the purpose of the event is to raise funds for the approved service/facility. An approved logo must also be provided to the organiser/s.

Print name

Date

This section for office use only

Date received

Was authority given?

Date authority sent

Approval officer