

# **Application for Authority to Fundraise**

Address: John Hunter Children's Hospital Locked Bag 1, Hunter Region Mail Centre NSW, 2310 Email: <u>HNELHD-CYPFcommunication@health.nsw.gov.au</u> Phone: 02 4921 4492

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

What HNEKidshealth 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 cont Name	ntact details Organisation		
Address			
Phone	Mobile		
Email			
Drivers license number	License 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
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Yes No Not applicable

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

Yes No Not applicable

# **Section D - 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.

Ticket sales	Raffle	Donations
Other: please state		
Total income		
<b>Estimate expenditure</b> Venue	Food	Prizes
Other: please state		

#### 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 <u>www.olgr.nsw.gov.au</u>.

# Section E – Other organisation

Is the activity/event raising money for another organisation? <code>Yes</code> $\Box$	No	
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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

SUBMIT FORM

Date