



FUNDRAISING on behalf of ST JOHN OF GOD FOUNDATION

APPLICATION FORM

Thank you for helping people in your community to receive the very best health care and support services when they need it most

Please complete this form, sign and return it to fundraise@sjog.org.au
(call us on 1800 281 288 if you have any questions)

ABOUT YOU

Full name of applicant seeking to fundraise:

Name of organisation [if applicable]:

Address:

Suburb:

State:

Post Code:

Phone:

Mobile:

Email address:

Website address [if you have a website for fundraising purposes, or an event website]:

Date of birth [Date/Month/Year]:

(Continued over)

If you're under 18 years of age, please confirm you have your parents' permission to fundraise.

Full name of parent/legal guardian:

Signature of parent/legal guardian*:

Contact number of parent/legal guardian:

** I hereby grant permission for the child named on this form to participate in fundraising for St John of God Foundation and acknowledge that the child will receive appropriate adult supervision during the course of fundraising. I further acknowledge that the child named on this form must comply with the St John of God Foundation Fundraising Guidelines, including the contents of this Application Form.*

YOUR FUNDRAISING ACTIVITY

Name of proposed fundraising activity:

Venue/location address of activity:

Estimated number of participants or attendees [if an event]:

Fundraising start date:

Fundraising end date:

Time [if an event]:

Please provide a brief outline of your proposed fundraising activity and how you aim to raise money:

(Continued over)



How much do you expect to fundraise:

\$

How much are your expected costs/expenses*?

**Your cost to fundraise should not exceed 50% of your fundraising goal. Sponsorship and donated goods can help to keep costs to a minimum. St John of God Foundation is not responsible for any expenses incurred by you in undertaking your fundraising activities. The person/parties authorised to fundraise are responsible for payment of all expenses in relation to the agreed fundraising activity.*

\$

How will the funds raised be allocated to St John of God Foundation? [Please tick relevant box]

100% St John of God Foundation Funds raised minus costs Other*

* If you selected 'Other', please specify:

Where would you like to direct your support? [Please tick relevant box]

Specific hospital, service or area* Area of greatest need

* If you selected 'specific service or area', please provide the name of the St John of God Health Care hospital, service or area here:

Have you previously fundraised on our behalf? If yes, please provide details:

Will you seek corporate or other support for your fundraising activities? If yes, please provide details:

How will you promote your fundraising activity? [E.g. posters, newsletters, social media, other advertising etc.]

We would love to know why you have chosen to fundraise on our behalf – please let us know (optional):

(Continued over)



FUNDRAISING GUIDELINES

St John of God Foundation has guidelines to ensure fundraising activities comply with regulations, policies and organisational values.

Please confirm each of the following by ticking the relevant box.

YES	NO	
		I/we have read the St John of God Foundation Fundraising Guidelines and agree to abide by them at all times.
		I/we agree not to use the St John of God Foundation logo without the authority / approval of St John of God Foundation.
		I/we agree not to accept sponsorship, donations or in-kind support from tobacco, gambling, or adult entertainment companies.
		I/we agree to contact St John of God Foundation before approaching organisations for sponsorship.
		I/we agree not to be involved in illegal activity or unnecessary risk taking.
		Do you have Public Liability Insurance? If YES, please provide a copy. <i>St John of God Foundation does not provide public liability insurance for fundraising events organised by a third party. Organisers will need to obtain their own Public Liability insurance.</i>
		I/we indemnify St John of God Foundation from liability incurred by St John of God Foundation as a result of a claim arising from an incident in relation to an activity conducted by me/us, including any accidents or incidents that occur during the organisation or running of the approved fundraising activity.
		I/we indemnify St John of God Foundation in any insurance I/we undertake in relation to our activity.
		I/we confirm that the proposed fundraising activity/event complies with all relevant legislative and local government requirements and that all appropriate permits, licenses and insurances for fundraising in the state and/or territory where the activity is to be held will be, or have been, obtained.

I have read and agree to abide by St John of God Foundation's Fundraising Terms and Conditions (attached). I declare that all details on this form are correct to the best of my knowledge.

Full Name of applicant [or parent/legal guardian if under 18 years of age]:

Signed:

Date:

(Continued over)

(If a corporation) In accordance with section 127 of the Corporations Act 2001 (Cth),
executed by:

Signature of Director:

Signature of Director/Secretary:

Name of Director [please print]:

Name of Director/Secretary [please print]:

Once completed and signed, please submit this form via email to fundraise@sjog.org.au

As with all fundraising initiatives, there are certain legal conditions that must be met before we can authorise fundraising on our behalf.

Please do not commence fundraising or promoting your event until you receive fundraising approval from St John of God Foundation via a formal Authority to Fundraise letter.

We look forward to discussing your application with you.

Rachel Bruechle
Director of Community Engagement
St John of God Foundation

OFFICE USE ONLY: St John of God Foundation approval

Signed:

Date:

- End -

