



11 East Parade East Perth

Western Australia 6004

T: +61 8 9221 4799

F: +61 8 9221 2444

info@equalhealth.org.au

www.equalhealth.org.au

ABN: 54 257 362 421

Charitable Collections
Licence No: 20400

Fundraising Registration Form

FUNDRAISING COORDINATOR INFORMATION

Name of person responsible _____

Name of organisation (if applicable) _____

Address _____

Home Phone _____ Work Phone _____ Mobile _____

Email _____

Name of referee _____

Relationship _____ Contact Phone _____

Email _____

Have you ever raised funds for another charity before? *(Please circle)* Yes / No

If yes, please provide brief background including name of organisation you fundraised for and type of event held.

Please briefly explain your reason for participating in fundraising for Equal Health.



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EVENT INFORMATION

Please indicate the type of fundraising you would like to undertake:

Name of event _____

Proposed date _____

Proposed start time _____ Proposed finish time _____

Name of venue _____

Address _____

How do you plan to advertise your event? _____

Do you have or intend to seek public liability for your event? *(Please circle)* Yes / No

Have you sought the relevant licences to conduct your event? *(Please circle)* Yes / No

The procurement of donations of goods or funds must be approved by the Fundraising Committee prior to the commencement of procurement. The person(s) procuring donations will be provided with a standard letter of introduction on Equal Health letterhead. Will you be seeking donations or funds? *(Please circle)* Yes / No

Do you envisage holding ongoing fundraising events for Equal Health?

(Please circle) Yes / No

Please provide **all** relevant information about your event including how the money will be raised, for example, money tin collection, entry fee, raffle etc. Also provide any brochures/flyers you may have.



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Fundraising volunteers are required to wear the Equal Health standard name badge.

Please provide the names of people who will be involved in the event.

How much money do you aim to raise from your event? _____

Projected Income and Expenditure *(Attach a separate sheet if required)*

Projected Expenditure	\$	Projected Income	\$

Please provide a list of your sponsors *(Attach a separate sheet if required)*

INTERNAL USE ONLY

Date application received _____

Activity approved ☐ Yes ☐ No

Date _____

Notes _____



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THIRD PARTY FUNDRAISING AGREEMENT

I _____ accept the terms and

(Insert Name)

conditions of the Equal Health Guidelines for Third Parties Fundraising by Non-Equal Health Groups, Individuals or Organisations. I agree to conduct my event in accordance with those terms and conditions and in a manner that upholds the integrity of Equal Health.

I have read and I agree to abide by the Equal Health Fundraising Policy and Guidelines and exclude Equal Health from and against any claims of injuries or damage arising at or from the event that is the subject of this application.

I acknowledge and understand that it is my responsibility to seek the required licenses to hold this fundraising event and to ensure adequate public liability and/or third party insurance is in place.

I also understand and acknowledge that Equal Health is not responsible in any way for the running and organising of the event and/or recording of income and expenditure arising from the event.

Signature _____ Date _____

Full name _____