



Fundraising Application - Activities

I, _____ (Coordinator's name) agree to conduct my fundraising activity in a manner which upholds Bear Cottage's integrity, professionalism and ethos.

Signed: _____ Dated: _____

Name of fundraiser/event: _____

Date and time of event: _____

Venue: _____

Details of fundraiser (brief outline of your event): _____

Name of Coordinator: _____

Date of birth: _____

Please note, if under the age of 18, parental or guardian consent must be obtained)

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone: _____ Fax: _____

Email: _____

Name of organisation: (if applicable) _____

ABN: _____

PLEASE FAX BACK TO (02) 9976 8307 OR EMAIL Claire McCarthy at claire.mccarthy@health.nsw.gov.au

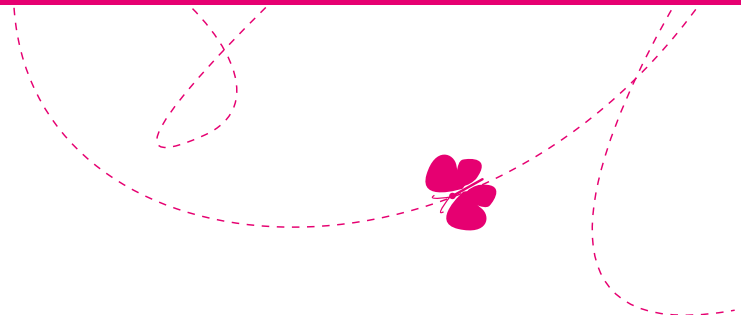
Please note it may take at least five working days to receive the endorsement and resources you require

Fundraising Department

2 Fairy Bower Road, Manly NSW 2095
Locked Bag 4001 Westmead NSW 2145 Sydney Australia
Tel: (02) 9976 8307 Fax: (02) 9976 8303
bearcottage.schn.health.nsw.gov.au



The Sydney children's Hospitals Network
care, advocacy, research, education



List the names and contact details of two referees:

Name: _____ Name: _____
 Phone: _____ Phone: _____
 Relationship: _____ Relationship: _____

Do you require tax deductible receipts from Bear Cottage (The Children's Hospital at Westmead)?
 Donations of \$2 and over are tax deductible.

No Yes If yes, please provide details:

Name of sponsors and/or products promoted or used. The name of sponsors must be submitted to ensure there is no conflict with current relationships. Please include details of sponsors you have approached or intend to approach as well as sponsors you have secured:

Organisation: _____ Organisation: _____
 Contact: _____ Contact: _____
 Relationship: _____ Relationship: _____

Will any other organisation benefit from the fundraising?

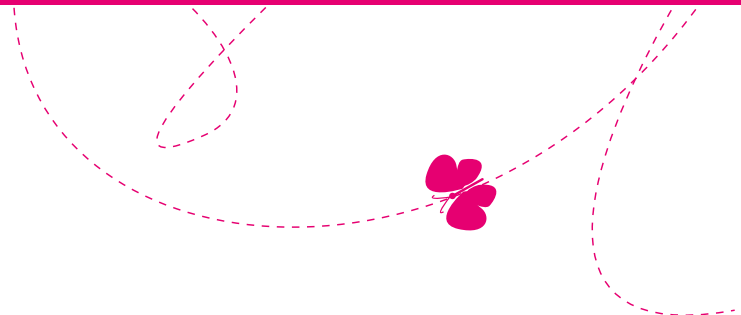
No Yes If yes, please provide details:

Proposed budget

- 🐾 The event cannot be used for your own direct commercial gain or profit.
- 🐾 The event must have the potential to make a profit. The organiser is liable for all unpaid expenses and claims. The Children's Hospital at Westmead is not, at any time, liable for any unpaid expenses and claims.
- 🐾 Accounting for funds received and expended must be to a standard which is acceptable to The Children's Hospital at Westmead.
- 🐾 The Children's Hospital at Westmead must be made aware of major expenses prior to the event.

Please complete the following:

Anticipated expenditure	\$
Anticipated income	\$
Estimated donation (ie. total income minus total expenditure) to The Children's Hospital at Westmead	\$



Please read and sign your initials where indicated:

Initials	
	To conduct an event you are required to complete the Fundraising Application. Once you submit the application, please allow a minimum of five days for review and response. If the application is approved, we will provide you with an Endorsement Letter. This letter may be shown to potential donors, sponsors and volunteers. (You will be contacted if your activity is not endorsed).
	Fundraising activities must not involve any activity which does not fit with the Hospital's values of Children, Care and Leadership.
	The use of the Hospital's name or logo on any materials, including websites, must be approved prior to production. The organiser must ensure that the Hospital is always referred to as 'The Children's Hospital at Westmead'.
	The Children's Hospital at Westmead will not incur costs for event production or promotion.
	The organiser is responsible for obtaining appropriate licences and insurance.
	The Hospital shall receive all proceeds within 28 days of the completion of the event.
	The organiser agrees to submit an Income and Expenditure Statement upon delivery of event proceeds.
	Tax receipts can only be given to donations or gifts in kind made directly to The Children's Hospital at Westmead.
	The organiser agrees to ensure that all materials borrowed or loaned are returned promptly and in the same condition they were received. The organiser agrees to accept responsibility for damage or loss of materials borrowed or loaned from the Hospital.

Signature of event organiser: _____ Date: _____

OFFICE USE ONLY

Approved Endorsement # _____

Declined Donor ID # _____

Account Manager: _____

Reason for decline: _____

