



Family Support Fund Grant Application



APPLICANT'S (the Scout's) PERSONAL DETAILS

SURNAME _____ DATE OF BIRTH _____

GIVEN NAMES _____

PREFERRED FIRST NAME _____

ARE THEY CURRENTLY OR HAVE THEY EVER BEEN A MEMBER OF SCOUTS NSW? (Y/N) _____ MEMBER NUMBER _____

COURT ORDER: Is the Applicant the subject of any custody or access orders or arrangements? YES NO

MEMBERSHIP TYPE Joey Scout Cub Scout Scout Venturer Scout Youth Helper Other (Please Specify)

Membership Type: _____

with _____ Scout Group

YOUR SECTION / GROUP LEADER NAME: _____

PRIMARY CARER DETAILS

(THIS PERSON IS THE PRIMARY CONTACT FOR THIS YOUTH MEMBER)

TITLE _____ GIVEN NAME _____ SURNAME _____

RELATIONSHIP TO APPLICANT _____ DATE OF BIRTH _____

PHONE NUMBER _____

HOME ADDRESS _____

TOWN / SUBURB _____ STATE NSW POSTCODE _____

EMAIL ADDRESS _____

AKR Voucher 1 AKR Voucher 2

WHICH GOVT. REBATE VOUCHERS WILL YOU BE USING WITH SCOUTS NSW? (the FSF requires a mandatory selection & application of at least 1 AKR)

Creative Kids (For those applicant's in Gang Show only)

SUPPORTIVE INFORMATION AND COMMENTS

(a) Is either Carer receiving any Govt. assistance such as; Newstart allowance Centrelink payment / pension?

(b) Are both / either Carer employed? If employed, please indicate full or part time.

Carer 1 employment status? _____ Carer 2 employment status? _____

(c) Please indicate total monthly income and expenses of the family.

(d) Describe / detail the family circumstances.

(e) The Scout Group is a community organisation. It exists because people like you want to make the individual training and development that Scouting is famous for, available for your children. Every family that joins the Group is encouraged to contribute in some way. Some families assist by serving on the management or fundraising committee, others prefer to assist in practical ways such as maintaining or fixing facilities or equipment, while others assist with the running of a Section as an Adult Leader or Parent Helper.

As a Carer, what assistance do you or are you able to provide the Scout Group?

(f) What is the issue necessitating this funding application?

Include below ANY FURTHER INFORMATION TO SUPPORT THIS APPLICATION

CHILD SAFETY IS OUR PRIORITY

[Scouts Australia NSW](#) has a zero tolerance policy towards abuse of any kind. All Leaders are thoroughly screened, undergo a NSW Police check, and must hold a valid, verified Working with Children check.

It is important that every adult and child in Scouting in NSW is aware of and familiar with the [NSW Child Protection Policy](#) and [Procedures](#) and understand who they can approach and the appropriate steps to take, should any form of abuse be brought to their attention. Child Protection is our number one priority and is everyone's responsibility, refer; [Child Health & Safety](#)

PRIVACY AGREEMENT

I have received a copy of, or am aware of, the Scouts [NSW Privacy Policy](#), and I consent to the information collected on this form to be used in accordance with the rights and obligations set out in that policy. Also, I acknowledge that any third party, about whom information on this form has been provided by me, has been informed of the Association's collection of their information and that they are aware of the Scouts NSW Privacy Policy.

Information collected on this Grant Application will be treated with strict confidentiality and will only be viewed by relevant persons in the Group leadership team and the Family Support Fund Management Committee.

AGREEMENT AND UNDERTAKING

Applicants and Carers/Family are expected to participate in Group based fundraising activities, and to make a small contribution towards annual costs.

If the recipient fails to attend weekly meetings for four consecutive weeks, without valid reason, the Grant will cease.

Grants are in place for a period of 12 months from the date of the approved application advice. If your circumstances have not improved, recipients may reapply for a grant at the conclusion of the 12-month period.

I understand that if successful in obtaining a Grant, *THE RECIPIENT WILL PROVIDE FEEDBACK*, describing how the Family Support Fund has made an impact on their lives. This feedback may be in the form of a simple 100-word report/email every 6 months which is provided to the Family Support Fund Management Committee. The reports may be shared within the Scouting Community and Donors (with the identity of all recipients kept confidential).

SIGNED: _____ (PRIMARY CARER)

DATE _____

TIP: Save this PDF form **before** signing. Once signed, the form becomes locked for editing.

For further information on the Family Support Fund please contact:

Family Support Fund: FSF@nsw.scouts.com.au

or

Contact Scouts Australia NSW: 02 9735 9000

When complete, please email form to: FSF@nsw.scouts.com.au

or Post To:

Family Support Fund
Scouts Australia NSW
Reply Paid 125
LIDCOMBE NSW 1825