



Fundraising Application Form

I would like to raise funds on behalf of the Prince of Wales Hospital Foundation:

Contact Details

Contact Person: _____

Organisation/Company Name (if applicable):

Address:

Suburb: _____ State: _____ Postcode: _____

Email Address: _____

Tel: _____

Mobile: _____

Are you over 18? Yes No Please tick.

If no, please get a parent or legal guardian to approve this application by signing at the end of the form.

Fundraising Activity Details including name of Event or Challenge:

Name of Fundraising Event: _____

Date and Time of Fundraising Activity: _____

Venue Address(if applicable): _____

Suburb: _____ State: _____ Postcode: _____

Details of Event: (e.g. auction / dinner / golf tournament, fun run)

Please explain in brief an overview of the event. Please attach any relevant documents

Proposed Ticket Price/Fee (if applicable): _____

Estimated Number of Attendees (if applicable): _____

Estimated Funds to be raised for POWHF: _____

Will you be running this event on your own or do you have a committee? _____



Have you run this type of event before? _____

Why have you chosen to support the Prince of Wales Hospital Foundation?
Please specify if you would like the funds raised to go to a particular department.

Fundraising strategies to be used (please tick those that apply):

Ticket sales Auction Raffles Other _____

Will you be seeking sponsorship for your event? Yes No Please tick.

Please list who you would like to approach as we may already have a relationship with that company and other attempts to contact them have a negative impact on that relationship.

Promotion

Are you involving the media or contacting any publicity for the event? If so, please give details and attach any relevant documentation:

ALL PROMOTIONAL MATERIALS MUST BE EMAILED TO US PRIOR TO PUBLICATION FOR APPROVAL:

Email us at madeleine@powhf.org.au

How we can help

Please tick if you would like us to promote your event (public events only).

POWHF Facebook POWHF Website

Please note if you would like us to promote the event/activity on our social media and website, email us at madeleine@powhf.org.au with photos and the text you wish to be used.

Please tick if you would like any of the following POWHF resources

Newsletters Posters Proudly supporting the POWHF logo

Will you require tax deductible receipts to be provided to donors? Yes No



Financials

It is your responsibility to keep track of your expenses and outgoings. Accurate records must be kept to enable the POWHF to comply with the Charitable Fundraising Act 1991. This means you must keep a balance sheet which records income and expenditure for your event/activity. Expenses must be kept to a minimum and not exceed 40% of the total proceeds. All funds raised must be returned to POWHF within 2 weeks of the event.

Risk Management

Is your event predominantly indoor or outdoor? _____
Please let us know if you foresee any risks associated with your event or challenge.

Risk	Management strategies

Will you require public liability insurance for your event? Yes No

Please note that you will not be covered under POWHF insurance.

Please note that ALL Applications to Fundraise on behalf of POWHF MUST have prior approval before commencement of activity.

Once this form is complete, please email it to madeleine@powhf.org.au for approval.

Applicant Acknowledgement

I have read and agree to the Prince of Wales Hospital Foundation’s Fundraising Guidelines and indemnify the Prince of Wales Hospital Foundation from and against any claims for injuries, suits, liabilities, expenses, losses, inconvenience, causes of action or damage arising at or from the activity/event that is the subject of this application.

I will comply with all relevant state or territory laws relating to fundraising.

I agree to conduct my activity/event in accordance to the Prince of Wales Hospital Foundation Fundraising Guidelines and understand that the Prince of Wales Hospital Foundation reserves the right to withdraw approval of this activity/event if I fail to do so.

I confirm that all the information provided in this application is correct at the time of submission and any changes made to the information after approval will be forwarded in writing to the Prince of Wales Hospital Foundation for review prior to the activity/event taking place.

Signed _____ Date _____

Good luck with your fundraising!