



CONTACT US

P 07 3892 8500
F 07 3392 8511
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A 915 Ipswich Rd
PO Box 465
Moorooka Q 4105

ABN 62 118 664 298

LIFE ENRICHMENT GRANT

Application Form September 2018

How to use this form:

To submit an application for a Life Enrichment Grant, you can:

- Print this form and hand write your responses, (scan or mail to Deaf Services).
- Write your responses in an email and email to Deaf Services.
- Make an Auslan video of your responses and email to Deaf Services (via Dropbox, or YouTube link).

Personal Details:

Name:

Address:

State:

Preferred Communication style:

Email Address:

Phone Number (TTY):

Mobile Phone Number (SMS):

Are you (please tick):

- | | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Deaf |
| <input type="checkbox"/> | Hard of hearing |
| <input type="checkbox"/> | A Deaf organisation |
| <input type="checkbox"/> | An organisation with Deaf members |
| <input type="checkbox"/> | Person that supports Deaf |

Application Type (please tick):

- | | |
|--------------------------|-----------------------------|
| <input type="checkbox"/> | Leadership |
| <input type="checkbox"/> | Health and Wellbeing |
| <input type="checkbox"/> | Arts & Culture |
| <input type="checkbox"/> | Work related expenses |
| <input type="checkbox"/> | Club or Association Related |
| <input type="checkbox"/> | International Development |
| <input type="checkbox"/> | Other (please specify) |



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What is the goal or project you want to achieve with this grant?

How will this grant help you achieving your goal?

Budget

- Please enter details of what you will use the funds for and how much each item will cost.
- The maximum amount you can apply for is \$5000, you can apply for less than the full amount.
- It is important to provide as much detail as you can in this section.

Item Description	Cost
Total	



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Have you applied for funds from other sources for your project? If yes, please detail.

Do you have regular paid employment? (please circle) YES NO

If yes, please give details

It is **not** compulsory to answer this question—we do not need to know how much you earn, simply give details of the type of work you do.

What benefits (if any) would successful completion of this project provide to the greater Deaf and hard of hearing community?



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References

Please include the details of two referees. These people must be members of the deaf community and be aware of your application. They must be people who you know either personally or professionally.

Referee One	
Name:	
Relationship:	
Contact number (please indicate if SMS only):	
Email:	

Referee Two	
Name:	
Relationship:	
Contact number (please indicate if SMS only):	
Email:	

Applicant Declaration

1. I declare that to the best of my knowledge all the information in this application is true and correct.
2. I give permission to Deaf Services to contact the referees I have nominated in my application.
3. I have included all the necessary documentation and satisfied all criteria required to properly evaluate my suitability for a grant as per the criteria available from Deaf Services.
4. I agree to sign a Terms of Agreement document.

Name:

Signature:
