Connecting Carers in their Community 2024 Application Form
Form Preview

Introduction

Important information

Before commencing this application, please read the grant guidelines on the Carers Victoria Connecting Carers in their Community webpage.

Please note:

'***Carer Group***' is a catch-all term that includes Carer Support Groups, Peer-Support Groups, Yarning Circles, Carer Networks (both new and existing).

Your Organisation or Carer Group

* indicates a required field

Organisation or Carer Group Name

IMPORTANT INFORMATION - Please read

- If you are part of an organisation that is planning to run carer activities - insert your O**rganisation Name.**
- If you are a standalone Carer Group, auspiced by an organisation - insert the name of your **Carer Group** (you will have an opportunity to provide auspice details later in this form).
- If you are unsure, please email sectorengagement@carersvictoria.org.au.

Organisation *

We are an Aboriginal and/or Torres Strait Islander Peoples' led organisation: *
○ Yes   ○ No

Head of organisation or group (CEO or President) *
First Name   Last Name
(CEO or President)

Organisation postal address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Website (where possible)
Must be a URL

Primary contact details

The primary contact is whom we will contact about this application.

Name *

First Name

Last Name

Position *

Phone *

If a mobile number is provided this will only be contacted during business hours

Email *

Must be a work email address

Secondary contact details

This is a backup contact should you be unavailable.

Name *

First Name

Last Name

Phone *

Must be an Australian phone number.

Email *

Must be an email address.

Type of Organisation or Carer Group

These questions relate to your organisation or auspice organisation.

Which best describes you?

○ Organisation with an ABN

○ Group without an ABN (with an auspice organisation)

Organisation ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Auspice organisation name *
Organisation Name

Auspice organisation contact name *
First Name   Last Name

Auspice ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	

Main business location

Must be an ABN.

Auspice Agreement *
Attach a file:

[ ]

Please upload relevant documents in support of your auspice arrangement. For example, a letter of agreement between yourself and auspice organisation.

Your Organisation of Group's Work

* indicates a required field

Tell us about your organisation or group

This question is designed to help us understand your organisation and how you connect with carers.

What is the general purpose of your organisation or group? *

[ ]

Word count:
Must be no more than 150 words.
Who are you and what do you do?

Your Project Details

* indicates a required field

Tell us what you are planning

These questions are designed to provide a summary of your project.

Project name *

[ ]

What title are you giving this project? EG: Shepparton Carers Get Together

Total amount requested: *

$ [ ]

Must be a dollar amount and between 15000 and 25000.
Do not add decimal points or commas

Project description - briefly tell us about your project idea *

[ ]

Word count:
Must be no more than 200 words.
We strongly recommend you include the following wording. We are planning to (insert your idea) for (insert carer cohort/s) that

involves (insert your planned activities). These activities will achieve (insert the benefits for carers).

What best describes your planned activities? *

○ Social activities
○ Work readiness/employment activities
○ Setting up a new Carer Group
○ Supporting an existing Carer Group
○ Activities designed to support carers' goals

A Description of Your Planned Activities

* indicates a required field

Tell us about why you want this grant

These questions invite you to describe specific elements and activities of your project. Provide as much detail as possible to support your application.

Which of the grant objectives relate to your planned activities? *

☐ Opportunities for carers to connect and receive support within their local community
☐ Supporting Carer Support Groups, peer-support groups, and yarning circles (new and existing)
☐ Opportunities for carers to advance their personal goals, especially in the area of work-readiness and supporting carers to seek, advance or change employment
☐ Connecting carers in regional and remote Victoria to their local carer networks and supports
☐ Supporting Aboriginal and/or Torres Strait Islander carers and carers from multicultural and diverse communities to connect through language and cultural groups

At least 1 choice and no more than 3 choices may be selected. See p. 3 of the Grant Guidelines.

Why is your project important? *

Word count:
Must be no more than 200 words.

How will the planned activities benefit carers or Carer Groups? *

Word count:
Must be no more than 200 words.

Will your planned activities specifically focus on any of the following?

☐ Carers living in regional and remote areas
☐ Carers from multicultural and diverse communities, including Auslan users
☐ First Nations carers, their families, or communities
☐ Young carers (up to 25 years old)
☐ LGBTIQA+ carers

How will the planned activities improve carer wellbeing? *

Must be no more than 200 words.

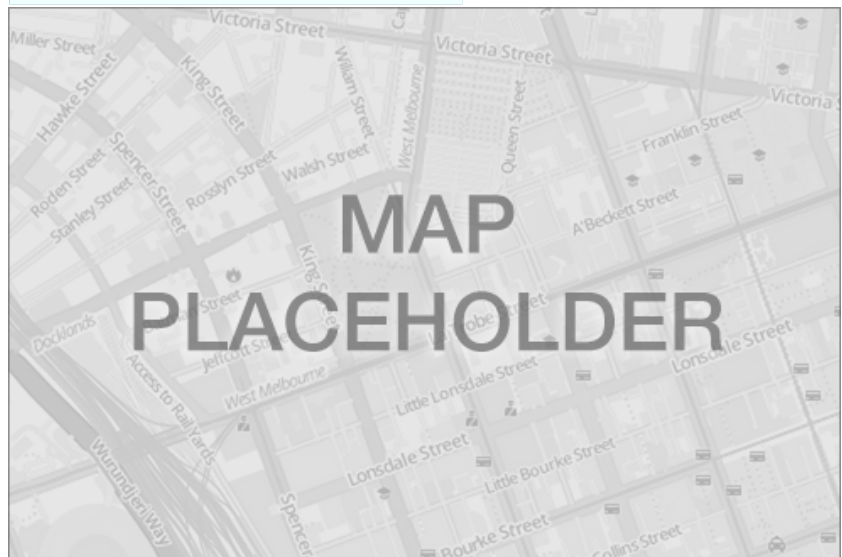**Describe in detail your planned activities for this grant. ***

Word count:
Must be no more than 500 words.
This forms the basis of your activity plan. Please be as specific and detailed as possible.

Primary project delivery location *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
This is the most common location where activities are delivered, please choose the main one. If your activities are exclusively online or unknown at this time, please add an office location to this map.

Carer Categories or Cohorts

Do your planned activities support a particular caring role, characteristic or circumstance? *

○ Yes
○ No, it's open for all carers

For example, disability, aged person or language group.

What best describes this category of carers? *

[   ]

For example, parents of neurodivergent children, carers of people with eating disorders, dementia etc.

The Project Budget

* indicates a required field

The budget for this grant is from $15000 to $25000. Your budget will automatically calculate this amount and will only allow the maximum amount to be granted.

Total funding you are applying for *

$ [   ]

Must be a dollar amount.
This is the total budget for your project.

Budget

Please include items and allocated budget. You can add or delete rows by selecting + or - on the right-hand side.

Expenditure	$
Some example items may include, interpreting, wages, travel, catering etc.	
	$
	$
	$
	$
	$
	$
	$
	$

Budget Totals

Total Expenditure Amount *

$ [   ]

This number/amount is calculated.
This number should equal the total amount requested and should not include any in-kind contributions.

Declaration and Privacy Statement

* indicates a required field

I, the project applicant, certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation or group.

I have read the accompanying grant application guidelines for applicants provided with this application form.

I acknowledge that Carers Victoria and the Victorian Government will be co-promoting successful grant applications and projects on social media and/or newsletters and that we will be required to provide photography and details to Carers Victoria on request.

I agree that we will contact Carers Victoria immediately if any information provided in this application changes or is incorrect.

Carers Victoria collects and store personal and confidential information received as part of this grant application process (through Smarty Grants) and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Trustees'/Directors' powers, functions and purposes. Carers Victoria respects your right to privacy and protects your personal information in accordance with Victorian and Australian legislation. Our privacy policy can be viewed on the Carers Victoria website. Privacy is only overridden with your safety or the safety of another is at risk due to duty of care.

Information may also be used by the Trustees/Directors and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. Should you need to change or access your personal details, please contact sectorengagement@carersvictoria.org.au

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge and consent for this information to be used for the purposes listed above.

I am authorised to complete this application. *	○ Yes
I have read and understood the declaration and privacy statement.	○ Yes

If successful, I agree to the following: *

☐ Complete a grant agreement

☐ Provide a final report, including how funds were spent

☐ Attend the Community of Practice

☐ Advise Carers Victoria of any changes to planned activities or contact names

☐ Use the Carers Victoria evaluation tool provided

At least 4 choices must be selected.

Authorised Person's Name *	First Name	Last Name
Position held *		
Date of declaration *		