

# Primary and Secondary Education Application

## Form Preview

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\* indicates a required field

### Information for applicants

Before completing this application form, please ensure you have read the WYCBT Grant Guidelines & Information document. The document provides details regarding the required eligibility criteria.

#### WYCBT Grant Guidelines & Information

The funding application is for the following:

- Maximum of \$5,000 per student per calendar year, and
- Items include fees & levies, uniforms, stationery, school trips/camps, and digital technology.

Please answer all questions, as incomplete applications will be delayed and cannot be assessed.

If you have any queries about the grant application, please contact the WYCBT Grant Admin Officer on 0499 992 865 or email [admin@wycbt.org.au](mailto:admin@wycbt.org.au).

### Confirmation of Eligibility

#### As the Applicant, I confirm that:

- I have read and understood the WYCBT Grant Guidelines & Information document, and
- The student is a member of one of the Aboriginal groups;
- I have acquitted any previous funding assistance from WYCBT through a Grant Progress Report/ Evaluation Report if requested.

**I confirm that all statements above are true and correct \***

☐ Yes

You must confirm that all statements above are true and correct before continuing.

### Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles \(APPs\)](#) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*.

## Applicant Details

\* indicates a required field

To be completed by a parent / guardian / carer of the student/s.

# Primary and Secondary Education Application

## Form Preview

**Applicant's Full Name \***

First Name

Last Name

**Applicant's Address \***

Address

  
**Applicant's Email \***

Must be an email address.

**Applicant's Phone Number \***

Must be an Australian phone number.

**Applicant's Date of birth \***

Must be a date.

**What is your relationship to the student/s you are applying for?**

- ☐ Parent
- ☐ Guardian / Carer

## Student Details

Please enter details for each student you are applying for.

Click "+" or "Add More" to add additional add additional students.

**Student name \***

First Name

Last Name

**Student Address \***

Address

  

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

**Student Date of Birth \***

Must be a date.

**Which Aboriginal group does the student identify with? \***

# Primary and Secondary Education Application

## Form Preview

- ☐ Wiri / Widi
- ☐ Yuwi / Yuwiburra
- ☐ Barada Barna
- ☐ Birra Gubba Nation living within the Agreement Area

NOTE: Applications for Yuwi/Yuwiburra have been temporarily re-opened.

### Who is the beneficiary's apical ancestor?

### Please upload evidence of Aboriginal group status

Attach a file:

(i.e. birth certificate, letter and/or family tree)

### Name of School

Organisation Name

### Address of School

Address

  

### Grade in School

### Evidence of enrolment

Attach a file:

## Financial Assistance

\* indicates a required field

### Does the application include a request for a device (iPad or computer)? \*

- ☐ Yes
- ☐ No

### Attach a copy of the school's Bring Your Own Device Policy \*

Attach a file:

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## Form Preview

1. In the following table, provide a detailed description of each item you seek funding for.
2. Include the cost of each item.
3. Attach a Tax Invoice / quote / receipt for each item.
4. Specify which student each item relates to.

Click 'Add more' to add additional rows to the table

Description	\$ Amount	Attach invoice / quote / receipt	Student Name/s
	Must be a dollar amount.		
	\$		

### Total amount of financial assistance requested

\$

Amount is calculated from the above table.

### Is funding being received from other sources? \*

- ☐ Yes  
☐ No

### Other funding received

Click 'Add more' to add additional rows to the table

Other funding received from	\$ Amount
	\$
	Must be a dollar amount.

## Sharing the Story

\* indicates a required field

One of the Trust's strategic pillars is to Master Our Story. We aim to relentlessly share the unique stories of Beneficiaries that collectively define our Trust culture.

### What will this funding mean for the Student/s? \*

- ☐ Access to school programs  
☐ Have similar resources to others in the school community  
☐ Improve school attendance  
☐ Increase participation in school activities  
☐ Improve grades  
☐ Learn new skills  
☐ Attain certificates  
☐ Fulfill prerequisites for further study  
☐ Act as a role model for others  
☐ Other:

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## Form Preview

At least 1 choice must be selected.

**Please include further information you feel may assist the Trust in assessing your grant application. For example, the difference this grant will make to the well-being of the beneficiary and their community as a whole.**

**You may upload letters of support from principals / teachers / community members etc. to support this application.**

Attach a file:

**How can you share your story with us?**

**When you receive grant funding, how will you acknowledge the Trust's financial assistance? \***

- ☐ Social media post, e.g. Facebook
- ☐ Letter to the Trust
- ☐ Tell others in your community
- ☐ Encourage others to apply for a grant
- ☐ Community newsletter
- ☐ Other:

At least 1 choice must be selected.

Select all that apply.

**At the end of the year, how will you provide evidence of the benefits of our funding assistance? \***

- ☐ School report
- ☐ Images
- ☐ Short video footage
- ☐ Certificate
- ☐ Letter to the Trust
- ☐ Other:

At least 1 choice must be selected.

Select all that apply.

Please note that by sharing images, etc. with the WYCBT you provide consent for us to upload these to our social media channels and/or for use in WYCBT documentation. Please ensure you have obtained permissions for others depicted.

# Primary and Secondary Education Application

## Form Preview

### Checklist and Confirmation

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#### Applicant Checklist

**Before submitting your application, please ensure that you have: \***

- ☐ completed all questions
- ☐ attached sufficient evidence of beneficiary status
- ☐ attached copies of valid Tax invoices/quotes/receipts, clearly indicating the supplier's ABN and GST component
- ☐ upload school Bring your Own Device Policy
- ☐ provide proof of enrolment, such as a letter from the school or official enrolment advice

At least 5 choices must be selected.

**If you do not provide as much detail and evidence as possible, this may cause a delay in your application being assessed.**

#### Confirmation by applicant

- I certify that to the best of my knowledge the statements made in this application are true.
- I understand that if the Trust approves funding, I will be required to accept the conditions of grant in accordance with the Trust's audit requirements.
- I consent to the information contained within this application being disclosed to or used by the Trust for the purpose of assessing, administering and monitoring my current and any future grant applications.
- I understand that if the Trust approves a grant, I will be bound by the contents of my application, and my application forms part of my contractual agreement with the Trust.

**I agree \***

☐ Yes

### Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

- ☐ Very Easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

**How many minutes in total did it take to complete this application?**

Estimate in minutes i.e. 1 hour = 60 minutes

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## Form Preview

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**

**Did you require assistance to complete this application?**

- ☐ Yes
- ☐ No

**If yes, what help did you need, and who helped you?**