

the children's hospital at Westmead

Date of Birth:

(Please note, if under the age of 18, parental or guardian consent must be obtained)

.....

Contact Address:

.....

.....

Contact Phone:

.....

Contact Fax:

.....

Contact Email:

.....

Name of Organisation:

(if applicable)

.....

.....

ABN:

.....

Other people involved:

(names of committee members, positions held on committee, contact details)

.....

.....

.....

.....

.....

.....

.....

.....

.....

Detail past fundraising experience:

(eg, who have you fundraised for in past, events organised etc)

.....

.....

.....

.....

.....

.....

.....

.....

List the names and contact details of 2 referees:

.....
.....
.....
.....
.....
.....
.....
.....

What measures do you have in place to manage:

- occupational health and safety
- accidents/incidents
- wet weather plan *(for outdoor events)*

.....
.....
.....
.....
.....
.....
.....
.....

Is your event covered by insurance *(at least covering public liability and workers compensation)*?

No Yes

If yes, please provide details *(copy of policy to be attached)*:

.....

If no, an insurance plan is required:

.....
.....

Do you require tax deductible receipts from The Children's Hospital at Westmead?

No Yes

If yes, please provide details:

.....

the children's hospital at Westmead

Name of sponsors and/or products promoted or used (*The name of sponsors must be submitted to ensure there is no conflict with current relationships. Include details of sponsors you have approached or intend to approach as well as sponsors you have secured*):

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Will any other organisation benefit from the fundraising?

No Yes

If yes, please provide details:

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

Will you need The Children's Hospital at Westmead to provide any of the following?	No. required
---	---------------------

<input type="checkbox"/> Posters (posters are A2 size)
--	-------

<input type="checkbox"/> Collection Tins (maximum 10 tins)
--	-------

<input type="checkbox"/> Raffle Tickets 50 tickets per book (maximum 20 books)
--	-------

<input type="checkbox"/> Acknowledgment Books 100 per book
--	-------

<input type="checkbox"/> Identification Badges (please list names on another sheet of paper and fax back)
---	-------

Event budget

- *The event cannot be used for your own direct commercial gain or profit*
- *The event must have the potential for financial. The organiser is liable for all unpaid expenses and claims. The Children's Hospital at Westmead at any time is not liable for any unpaid expenses and claims.*
- *Accounting for funds received and expended must be to a standard acceptable to The Children's Hospital at Westmead*
- *The Children's Hospital at Westmead must be made aware of major expenses prior to the event*

the children's hospital at Westmead

Proposed Expenditure	\$
	\$
	\$
Total	\$
Anticipated Income	\$
	\$
	\$
Total	\$
Estimated donation (ie. total income-total expenditure) to The Children's Hospital at Westmead	\$

For office use only:		Approved
\$0-\$10,000	Oncology Account Manager	
\$0-\$10,000	Bear Cottage Account Manager	
\$0-\$10,000	Community Event Manager	
\$0-\$10,000	Research Fundraising & Revenue Manager	
\$10,000 - \$50,000	Fundraising Manager	
\$50,000 - \$100,000	Director Community Relations	
> \$100,000	Executive	

the children's hospital at Westmead

FUNDRAISING COMPLIANCE AGREEMENT

Please read and sign your initials where indicated:

Initials	
	To conduct an event you are required to complete the Fundraising Application. Once you submit the application, please allow a minimum of 5 days of review and response. If the application is approved, we will provide you with an Endorsement Letter. This letter may be shown to potential donors, sponsors and volunteers.
	All fundraising activities must not involve any activity which does not fit with the Hospital's values of Children, Care and Leadership.
	The use of the Hospital's name, logo on any materials, including website, must be approved prior to production. The organiser must ensure that the Hospital is always referred to as " The Children's Hospital at Westmead ".
	The Children's Hospital at Westmead will not incur costs for event production or promotion.
	The organiser is responsible for obtaining appropriate licences and insurance.
	The Hospital shall receive all proceeds within 28 days of the completion of the event.
	The organiser agrees to submit an Income and Expenditure Statement upon delivery of event proceeds.
	Tax receipts can only be given to donations or gifts in kind made directly to The Children's Hospital at Westmead.
	The organiser agrees to ensure that all materials borrowed or loaned are returned promptly and in the same condition they were received. The organiser agrees to accept responsibility for damage or loss of materials borrowed or loaned from the Hospital.
	<p><u>Disclaimer</u></p> <p>The Children's Hospital at Westmead reserves its right to withdraw its approval for the fundraiser/event at any time if it appears that there is a likelihood of the Fundraiser failing to adhere to any of the above terms and conditions. This process is called Dis-endorsement.</p> <p>Further to this, endorsement letters will not be issued where the viability of the fundraising activity is in doubt.</p>

.....
Signature of event organiser

.....
Date

.....
Signature of hospital representative

.....
Date

the children's hospital at Westmead

STATEMENT OF INCOME AND EXPENDITURE

To enable us to comply with the *Charitable Fundraising Act 1991*, it is important you complete this record of income and expenditure for your event and return it when you present the donation to The Children's Hospital at Westmead.

For audit purposes, the organiser is responsible for keeping all related original documents (eg invoices, receipts etc) in accordance with the Australian Accounting and Auditing Standards.

Name of person/ organisation conducting the event:	.....
Name of event:	.....
Date of event:	.....
INCOME	\$
Raffle	.....
Sales	.....
Auction	.....
Food	.....
Beverages	.....
Bank interest	.....
Others (please specify)	.....
Total Income	.....
EXPENSES	\$
Food	.....
Beverages	.....
Printing/Stationery	.....
Postage	.....
Hire	.....
Advertising	.....
Entertainment	.....
Travelling Expenses	.....
Cost of goods and materials	.....
Bank Charges	.....
Raffle Costs	.....
Other (please specify)	.....
Total Expenses	.....
Income - Expenses = TOTAL DONATION	\$
Signature:	.....
Name:	.....
Address:	.....
Phone:	.....
Date:	.....

REMITTANCE FORM

Depositing Your Funds to The Children's Hospital at Westmead

the
children's
hospital at Westmead

and Hainsworth Street
Locked Bag 4001
Westmead NSW 2145
Sydney Australia
DX 8213 Parramatta
Tel +61 2 9845 0000
Fax +61 2 9845 3489
www.chw.edu.au
ABN 53 188 579 090

EASY STEPS – DIRECT DEPOSIT

1. Deposit funds into any **Westpac** bank into the account detailed below:
Bank: Westpac
Account Name: Royal Alexandra Hospital for Children Special Purpose and Trust Fund
BSB: 032 340
Account Number: 106967
2. Complete **all** details on the bottom of this form
3. Fax the completed form to **Your name** on 02 9845 3457 or email Your email@chw.edu.au

EASY STEPS – CHEQUE PAYMENT

1. Ensure a single cheque is issued to cover your contribution
2. All cheques are to be made payable to **The Children's Hospital at Westmead**
3. Send the cheque, together with the completed remittance form to:
Level 4, Fundraising Department
The Children's Hospital at Westmead
Locked Bag 4001
WESTMEAD NSW 2145

CONTACT DETAILS

Title

First Name

Surname

Company Name

Title/Position

Postal Address

Phone – Work

Phone – Home

Email

\$

Total amt deposited

- Please tick the box if you do not wish to receive further correspondence from The Children's Hospital at Westmead

RECEIPTING OPTIONS

Please indicate how you would like this contribution receipted:

- Company
- Personal

Thank you so much for your contribution!

