

If a question is not relevant please type N/A. PLEASE KEEP THIS INFORMATION ON ONE PAGE.
The following information will not affect the assessment of your application however please do ensure you meet the eligibility requirements.

Name of applicant:

Title (Mr/Mrs/Ms/Miss/Dr):

Postal address of applicant:

Residential address of applicant:

Daytime contact number:

Mobile:

Email:

Are you registered for the GST?

Australian Business Number (ABN):

Organisations

What is your legal status?

Contact person:

Position in the organisation:

Individuals

Are you an Australian citizen or permanent resident?

Have you been a resident of WA for the past 12 months?

Are you Aboriginal or Torres Strait Islander?

Do you have a disability?

Country of birth:

Date of birth:

In which **discipline** is your application primarily focused?

Briefly describe your activity:

(25 words max)

When is your activity due to start:

When is it due to be completed:

What is the total cost of the activity (excluding pitch):

What is the amount of your request to DCA (excluding pitch):

What is the amount you are requesting for your pitch:

Which project officer have you spoken to and when:

Do you, or any of your key personnel, have any outstanding
acquittals (y/n)?

I, the undersigned, certify that:

1. I am familiar with the information in the Major Production Fund Guidelines.
2. I acknowledge that this application will not be accepted if it is late, faxed, subject to outstanding acquittals, or does not have all required support material attached.
3. the statements in this application are true to the best of my knowledge and the supporting material is my own work or the work of the artists named in this application.
4. I understand that any information given to applicants by a DCA staff member should be seen as information only and that I should not alter my circumstances or act upon expectations arising from such information.
5. I have no overdue acquittals for previous ArtsWA or DCA grants.
6. I am not seeking funding for work that will be submitted for academic assessment.
7. I agree to accept the decision of the panel assessing this application.
8. I have read and understood the section on Privacy and Freedom of Information and accept the terms.

If the applicant is an organisation, the declaration must be carefully read and signed by the chairperson or president of the group or organisation.

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE APPLICANT TO INFORM DCA OF ANY CHANGE IN THE STATUS OR CIRCUMSTANCES OF THE APPLICATION BETWEEN THE TIME OF ITS LODGEMENT AND ITS ASSESSMENT.

Privacy and Freedom Of Information

Full listings of grant recipients will be published on our website and in our Annual Report. We may also publicise recipients in our newsletters and publications. You will be required to acknowledge DCA in all your publicity. Failure to do so may affect your grant payment. Images submitted with your application and/or acquittal may be used for promotional purposes. We will contact you seeking permission if this is the case.

According to the Freedom of Information Act (1992), any information held by us, including your application is accessible by you. While the information you present to us is treated as confidential, staff and external panel members may see it. The information you supply may also be made available to those assessing any other grant applications you make. By submitting your application you waive any right to raise any type of proceedings against DCA as a consequence of, or in contemplation of, any disclosure of the contents of your application in response to an information request made under the Freedom of Information Act (1992).

Data held in the DCA system may be used for the following purposes: statistical reporting, application assessment, accounting purposes and for contacting you. The details of your grant will be public information, however, your personal details will only be accessible by our staff, appointed auditors and individuals or organisations who may help us assess or monitor grants.

Your signature on this application means you have read, understood and accepted the use of your information as outlined above. Your signature confirms that this is the formal and final submission of your application for assessment by the Panel.

Please sign here:

Name in full:	Date:
Signature:	Role:
Position in the group or organisation (if applicable)	

If an Auspice Agreement is not required for your project please remove this page before submitting your application.

Where an application is made on behalf of others, the application should be made in the name of the *auspice* body. An auspice agreement must be completed and signed by both the auspice body and those undertaking the project. The following lists the minimum detail which must be given.

What services and support will be provided by the auspice body to the project? For example: Payment of artist wages etc through the auspice body's payroll system; Provision of office space and equipment; Financial and budget advice; and Marketing and promotion
What services and support will be provided by the auspice body with regard to the management of the funding? Please note that the auspice body must provide a financial <i>acquittal</i> of any funding received, and the artist(s) involved must provide an artistic <i>acquittal</i> . Please contact DCA if you do not understand this condition.
What are the roles and responsibilities of those undertaking the project with regard to the project and with regard to the management and acquittal of the funding contract?
What fee if any is to be paid to the auspice body by those undertaking the project? This fee should be clearly included in the project budget if the fee is to be paid from the project.
Who is responsible for insurance and the other legal requirements of the project?

If the auspicing body is an organisation, the auspicing agreement must be carefully read and signed by the Chairperson or President of the group or organisation.

Auspicing body:	
Name in full:	Date:
Signature:	Position/Title:
Position in the group or organisation (if applicable)	

Person/s carrying out the activity or project:	
Name in full:	Date:
Position/Title:	
Position in the group or organisation (if applicable)	
I have sighted the application and agree all information is true and correct (please sign)	

Schedule A - Confidential Declaration

Please tick the box against the statement that applies to you or your organisation, complete the required details and return with the Application Form.

In respect to projects where you or key personnel will be working with or near young people aged under 18, you or your principal contact must complete the following declaration.

(1)	I am/the organisation is aware of the special responsibilities associated with working with children. I declare that I do not have a criminal record and that there are no other circumstances or reasons that might preclude my/the organisation working with/near young people aged under 18.	<input type="checkbox"/>
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or

(2)	I am/the organisation is aware of the special responsibilities associated with working with children. I declare that there are no other circumstances or reasons that might preclude my/the organisation working with/near young people aged under 18 but I do have a criminal record . The nature of that record is outlined below.	<input type="checkbox"/>
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or

(3)	The organisation and/or project funded under this contract does not involve working with or near young people aged under 18.	<input type="checkbox"/>
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I have used/currently use an alias or other name(s): Yes/No – Please circle
(Provide details of aliases and other names)

I am aware of the *Working With Children (Criminal Record Checking) Act 2004* and have taken the necessary steps to ensure that all relevant personnel have a current Working With Children Assessment Notice.

I certify the accuracy of the above information. I am aware that DCA reserves the right at any time to require me to provide evidence to verify the information provided.

Name:	Date:
Organisation:	File No:
Signature:	
Address:	

This information will be treated as highly confidential.

If the application is successful, funding is conditional upon all persons working with young people aged under 18 as part of the project providing evidence of a Working With Children Assessment Notice demonstrating their suitability to work in this role to the client's principal contact. This declaration should give details of any aliases and provide permission for the organisation or DCA to request a Working with Children Assessment Notice and/or Police check at any time to verify this information. The client must retain these declarations until the project is acquitted by DCA.

