Bursary

**Application form: for organisations on behalf of individuals**

|  |  |
| --- | --- |
| About bursaries | In this context, a bursary is a grant which will be used by a third party acting on behalf of the Commission to pay for an eligible individual/s to attend a specified event and costs associated with attending the event.  The Commission’s approach to offering bursaries is outlined in its [Bursary Policy (corporate standard 0027)](https://www.qmhc.qld.gov.au/about/publications/browse/policies-registers-and-forms/bursary-policy). Please read the policy before applying for a bursary. |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Section 1 – Applicant details** | | | | | | | | | | | | | | | | | |
| * 1. **Organisation name** |  | | | | | | | | | | | | | | | | |
| * 1. **Organisation legal status**   (for example: company limited by guarantee, incorporated association, Aboriginal Corporation, local government) |  | | | | | | | | | | | | | | | | |
| * 1. **Organisation ABN** |  | | | | | **GST registered?** | | | | **Yes  No** | | | | | | | |
| * 1. **Chief Executive Officer**   (or equivalent) | **Title** |  | | **First**  **name** | |  | | | | **Surname** | | | |  | | | |
| **Position title** | | |  | | | | | | | | | | | | | |
| **Telephone** | | | **Work** | |  | | | | **Mobile** | | | |  | | | |
| **Email** | | |  | | | | | | | | | | | | | |
| * 1. **Proposed bursary liaison officer**   (if different to 1.4) | **Title** |  | | **First**  **name** | |  | | | | **Surname** | | | |  | | | |
| **Position title** | | |  | | | | | | | | | | | | | |
| **Telephone** | | | **Work** | |  | | | | **Mobile** | | | |  | | | |
| **Email** | | |  | | | | | | | | | | | | | |
| * 1. **Organisation postal address**   (if different to 1.6) | **Street address/post box** | | |  | | | | | | | | | | | | | |
| **Suburb/town** | | |  | | | **State** | | | |  | | | **Postcode** | |  | |
| * 1. **Public liability insurance** | **Insurer** | | | |  | | | | | | | | | | | | |
| **Policy number** | | | |  | | | | **Value** | | | | | |  | | |
| **Section 2 – Event** | | | | | | | | | | | | | | | | | |
| 1. **Event name** |  | | | | | | | | | | | | | | | | |
| 1. **Event purpose** |  | | | | | | | | | | | | | | | | |
| 1. **Event type** |  | | | | | | | | | | | | | | | | |
| 1. **Event duration** | **Number of days** | |  | | | **Start date**  Click or tap to enter a date. | | | | | | | **End date**  Click or tap to enter a date. | | | | |
| 1. **Event venue and address** | **Venue name** | | |  | | | | | | | | | | | | | |
| **Street address** | | |  | | | | | | | | | | | | | |
| **Suburb/town** | | |  | | | | **State** | | | |  | | **Postcode** | | |  |
| 1. **Event registration/s cost per person**   (based on early bird registration – excluding GST) |  | | | | | | | | | | | | | | | | |
| 1. **Other costs not included in registration**   (not travel and accommodation) | Event dinner/networking opportunity  Pre/post event workshops  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Is your organisation seeking support for bursary recipients to attend any of these additional activities?  Yes  No  *If yes:*  What are the additional costs per person?  Event dinner/networking cost: $\_\_\_\_\_ per person  Pre/post-event workshops cost: $\_\_\_\_\_ per person  Other (please state) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_ per person | | | | | | | | | | | | | | | | |
| 1. **Describe the support mechanisms available to bursary recipients at event** |  | | | | | | | | | | | | | | | | |
| 1. **Event website/other information** | Event website (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| Other information attached | | | | | | | | | | | | | | | | |
| **Section 3 – Proposed bursary recipients** | | | | | | | | | | | | | | | | | |
| 1. **Proposed bursary recipients** | Lived experience  individual, family member or unpaid carer/support person – mental illness  individual, family member or unpaid carer/support person – problematic alcohol or other drug use  individual, family member or unpaid carer/support person – suicide    Members of the community (please select)  Aboriginal and/or Torres Strait Islander peoples  Culturally or linguistically diverse background  Rural and remote  LGBTIQA+  Other (please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | |
| 1. **Proposed number of bursary recipients** |  | | | | | | | | | | | | | | | | |
| 1. **Estimated funding request**   (use funding request template to assist) |  | | | | | | | | | | | | | | | | |

**Other information**

The Commission will provide written advice as to the outcomes of your bursary application and, if successful, any required paperwork or other information to facilitate bursary payment.

**Submitting your application**

Please send your completed application form to the Queensland Mental Health Commission via email to [info@qmhc.qld.gov.au](mailto:info@qmhc.qld.gov.au) or via post to PO Box 13027, George Street, Brisbane QLD 4003.