

Registering a Fundraising Event or Activity for Endorsement

Thank you for agreeing and committing to raising funds to support the work of the Women's Trauma Recovery Centre.

This Fundraising Registration and Endorsement will help us both meet Government Charitable Compliance Requirements.

Charitable Compliance

As a registered charity, our Charitable Licensing Agreement states that anyone collecting money on behalf of the Women's Trauma Recovery Centre or promoting their support of us must be officially registered.

Why is my donation going to the Illawarra Women's Health Centre?

The Women's Trauma Recovery Centre is an initiative of the Illawarra Women's Health Centre. The Women's Trauma Recovery Centre is in the process of becoming a separate and independent entity. In the interim, the Illawarra Women's Health Centre is the legal representative with charitable status to accept donations on their behalf. All donations for the Women's Trauma Recovery Centre will be directed to this initiative.

The registration process is extremely important to us to ensure we remain compliant with Government requirements.

Please complete this form and return to the Women's Trauma Recovery Centre. On approval, you will then be issued with a Letter of Authority which authorises you to fundraise on our behalf.

Please: complete the Fundraising Form and return to **PO Box 61 Warilla Dharawal, NSW, 2528.** or email to – info@womenstrc.com.au

Please don't hesitate to contact the Women's Trauma Recovery Centre Office Team if you have any questions about the registration or endorsement process **Ph 02 4255 6800**

Thank you for your very generous support and consideration of fundraising for the Women's Trauma Recovery Centre.

With sincere appreciation,

The Team @ the Women's Trauma Recovery Centre.

Fundraising Registration Form

Before you start organising your Fundraising Activity / Event for the Women's Trauma Recovery Centre, you need to complete and return this Fundraising Registration Form to obtain our approval to proceed on our behalf.

A Letter of Authority will be issued to show that your Activity / Event has been approved by the Women's Trauma Recovery Centre.

Name of Organiser: & Title: Mr/Mrs/Ms/Dr (preferred pronoun)

Name of community group/ business name represented (if any):

Tell us more 'about' you, your community group/ business so we can get to know you:

Relationship to community group/ business represented (if any):

Organiser's Street Address:

Suburb: State: P/Code:

Phone Number:

Email address:

Do you have any current or previous criminal convictions? Yes ☐ No ☐

If yes, please provide further details:

DETAILS OF PROPOSED FUNDRAISING ACTIVITY/EVENT

Proposed name of Activity / Event:

Brief Description of Activity:

Proposed date of Activity / Event (and/or period of time fundraising will take place):

Venue to be used (and/or digital promotional sites and platforms):

Venue Address (and/or digital URLs and links to sites and platforms)

How will funds be raised from this Activity / Event?

What proportion of funds raised do you expect to be donated to the Women's Trauma Recovery Centre?

Are any other charities/not for profit organisations benefitting from this Fundraising Activity / Event (if so, please list)?

EVENT BUDGET

Total estimated income that will be generated \$:

NB: Please note the Foundation will require a reconciliation of funds raised on a quarterly basis if fundraising over 3 months.

Total estimated costs: \$

Details of expenditure anticipated (advertising, hire of equipment etc):

Estimated net revenue to be donated to the Women's Trauma Recovery Centre: \$

Any other budget comments you would like to make:

SUPPORT REQUIRED:

The Women's Trauma Recovery Centre has limited resources and staffing; we would be happy to provide content and promotional materials to assist with your fundraising activity, subject to availability and requirements.

Please indicate below the support you would like from us so we can discuss further:

Will you require the use of our logo, if so indicate how and where the logo will be used:

Please note: If you're going to include our logo, you will need to get sign off from our Brand team when you have a finalised version of where and how our logo will be used.

Why did you choose the Women's Trauma Recovery Centre as the Beneficiary of your Fundraiser?
Please let us know your inspiration and motivations:

Complete authorisation next page

AUTHORISATION

I agree to act in a professional manner in conducting the Fundraising Activity / Event and uphold the integrity and values of the organisation. I also accept my obligation to remit the funds raised to the Women's Trauma Recovery Centre within 28 days of the Fundraising Activity / Event conclusion.

Please note if you are under 18 years of age please have a parent, guardian or teacher sign this form on your behalf.

Name:

Date:

Signature:

If signed by a person other than the organiser, please provide:

Your Name:

Relationship to Organiser:

Contact Email and Phone Number:

INTERNAL USE ONLY Date Application Received:	
Received by:	
Event / Activity Approved?	
Date Letter of Authority sent:	
Decline Reason	
Notes:	