Representative Donation 2025

Form Preview

Donation Eligibility Screen

* indicates a required field

Eligibility

The City of Ryde Representative Donation Category is open to people representing their

Donation		er individual are	ral activities at a national or international level. e available. Refer to the Guidelines for full details
Have yo □ Yes [eived a Repre	esentative Donation from the City of Ryde?
Do you l ○ Yes	ive in the Ryde	Local Governm	ment Area? * O No
What is	the name of the	organisation	or peak body that you are representing? *
•	representing *	r of endorsem	nent from the peak body or organisation that
	vel is the compe nal Internation		nt in which you will be attending? *
Contac	ct Details		
* indicate	es a required field		
Applicar Title	nt First Name	Last Name	
Address Address			

Email

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Must be an email address.
Must be all elliali address.
Phone Number
Must be an Australian phone number.
Bank Account * Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
Must be a valid Australian bank account format.
Upload a copy of a bank deposit slip or statement header as proof of bank details
Attach a file:
Competition/ Event information
* indicates a required field
What is the start date of your competition or event?
Must be a date.
What is the end date of your competition or event?
Much have date
Must be a date.
Provide a brief outline of the event or competition you will be attending? *
What is your reason for attending this event or competition? st
Where will the event be held and how will you be travelling to the event?

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Why do you require a City of Ryde Representative Donation to assist you to attend this event or competition?				
Budget Details				
* indicates a required field				
How much money are you applying for v (up to \$250)? *	ia a City of Ryde Representative Donation			
Must be a number.				
Budget				
Expenditure- List key costs for \$ participation including travel, accommodation, entry fees				
decommodation, entry rees	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
	\$			
]\$			
Budget Totals				
Total Expenditure Amount				
\$ This number/amount is calculated.				
If you have quotes or prices please upload here Attach a file:				

Feedback, Review and Submit

I certify to the best of my knowledge the statements made are true and correct. I understand that if City of Ryde approves the donation I will be required to accept the terms and conditions as outlined in the application. *

^{*} indicates a required field

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○ Yes	○ No				
Privacy Note					
In compliance with the <i>Information Privacy Act (2009)</i> , personal information in this form may be stored in City of Ryde's record database. Your personal information may be provided to the financial institution which handles City of Ryde's financial transactions or third parties for monitoring and auditing or the grants processes in compliance with the Act. Except in these circumstances, personal information will only be disclosed to a third party with your consent unless otherwise authorised by law.					
Feedback					
Please indicate how you found the online application process ☐ Very easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very difficult					
How many minutes did it take you to con	nplete the application form? *				
Must be a number.					
If you have any suggestions regarding improvements to the application process please let us know:					
How did you find out about the City of Ryde Representative Donation? *					