

CONNECTIONS UNTINGCARE ANTI-POVERTY AWARDS

Recognising young Australians between the ages of 16 and 30 who are making a contribution to the eradication of poverty, locally, nationally or internationally.

APPLICATION FORM

This Application Form asks for all details of the applicant and all details of a nominee. The nominee needs to be someone who knows you well and can endorse your application – this cannot be a family member or a personal acquaintance.

Details of Applicant			
Full Name (including middle initial if applicable)			
Organisation/Group (if applicable)			
Date of Birth		Gender	Male / Female
Address			
Suburb		Postcode	
Preferred Telephone (work/home/mobile)			
Email address			

Details of Nominee			
Full Name (including middle initial if applicable)			
Organisation/Group (if applicable)			
Date of Birth		Gender	Male / Female
Address			
Suburb		Postcode	
Preferred Telephone (work/home/mobile)			
Email address			

Tell us what you have done towards the eradication of poverty...

Please detail your involvement in specific activities and/or key projects in your anti-poverty work...

What was your motivation and what do you hope to achieve?

* Please attach separate pages(s) with any additional information to support your application.

Nominee Agreement	
I support this applicant in the Connections UnitingCare Anti-Poverty Awards and have answered all questions openly and honestly.	
Signature	
Date	

Applicant Agreement	
I agree to participate in the Connections UnitingCare Anti-Poverty Awards and have answered all questions openly and honestly. I have also provided a photocopy of my driver licence, passport or birth certificate as proof of age.	
Signature	
Date	

APPLICATION FORM CHECK LIST

- Yes, I have completed all relevant sections of this Application Form
- Yes, my nominee and I have personally signed and dated this Application Form
- Yes, I have enclosed a photocopy of my driver licence, passport or birth certificate

DEADLINE FOR APPLICATION: The last day in August (of each year)

SEND THIS APPLICATION FORM

Post to: Connections UnitingCare Anti-Poverty Awards
 PO Box 2240
 Mount Waverley Victoria 3149 Australia

Fax to: 03 9271 0888

This application will form the basis of deliberations and decisions for the Connections UnitingCare Anti-Poverty Awards. We expect that all questions will be answered openly and honestly.

You may attach additional information if you believe it will assist the panel in their deliberations.

This application is confidential and will only be viewed and discussed by people directly connected to Connections UnitingCare Anti-Poverty Awards (staff of Connections, Connections UnitingCare Anti-Poverty Awards panel).

PRIVACY POLICY: Connections acknowledges and respects the privacy of all individuals. The agency will comply with the Privacy Principles contained in the Privacy Amendment (Private Sector) Act 2000 (Commonwealth), the Information Privacy Act 2000 (Vic) and the Health Records Act 2001 (Vic). You can ask to see our Privacy Policy. If you have any questions call 03 9271 0800 and ask to speak to the Communications and Fundraising Unit of Connections.