



REGIONAL COMMITTEE EVENT PROPOSAL FORM

This form is for support groups to request funding for events from the Regional Committee. The support group will need to fill this out and submit it to the Regional Committee before the event. Reimbursement will be made when receipts have been received.

Section A - Details

Name of support group:	
Name of organiser:	
Contact phone:	
Contact email:	

Name of Event:	
Date:	
Time:	
Venue:	
Number of caregivers expected to attend:	
Number of children expected to attend:	
Event overview:	

Section B - Funding

Amount applied for:	
What will these funds be used for:	Venue Hire \$ Catering \$ Entertainment \$ Printing \$ Travel \$ Accommodation \$ Miscellaneous \$ TOTAL \$

Section C – Health & Safety

We confirm that the following requirements will be followed:

- Sign in sheet on site.
- Health & Safety responsibilities are assigned to a designated person/people.
- A first aid kit will be present at the event.
- A system is in place for the assessment, identification and control of hazards.
- Emergency procedures understood for the venue.

Section D – Committee Discussion

Discussion with Committee:
Committee Approved/Declined:

Signature:	
Name:	
Date:	

Office Use Only:

		Signature:	Date
Approved/Declined:	Yes / No		
Approved by National Manager Training & Support:	Yes / No		
Approved by Marketing:	Yes / No		
Approved by Finance:	Yes / No		