CQUNICARES ALUMNI DEVELOPMENT GRANT APPLICATION FORM

This paperclip appears in sections where additional documentation must be attached to the application.

PERSONAL DETAILS



Personal information is collected, used, and stored by CQUniversity for the purpose of determining your eligibility, and if successful, awarding a CQUniCares Alumni Development Grant.

Information collected can be disclosed without consent when required by law. Any other provision of personal information will be authorised and in accordance with the Information Privacy Act 2009 (Qld) and the University's Privacy Policy and Procedure.

Individuals have the right to access personal information within CQUniversity held about them, subject to any exceptions in relevant legislations. Should any individual wish to seek access to their personal information, they are to contact the Coordinator Records and Privacy via email: privacyrti@cqu.edu.au.

number (if known):	IL .		Date of birth.			
First name (as enrolled):			Preferred first name:			
Last name (as enrolled):			Preferred last name:			
Job title:			Organisation:			
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CONTACT DETA	AILS					
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Effective Date: 10/07/2018

Together we



Please explain why the CQUniCares Alumni Development Grant is necessary. Why is your workplace or community organisation
Please explain why the CQUniCares Alumni Development Grant is necessary. Why is your workplace or community organisation unable to cover the cost of this opportunity? (Max 250 words)
Simple budget - Please detail how much you are applying for (maximum AU\$1,000) and provide a basic breakdown of the
expenses you expect to incur to participate in this activity.
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EXPECTATIONS OF PARTICIPATION

Failure to agree to these terms will result in your application being ineligible for funding.

Social Media: CQUniCares Alumni Development Grant awardees are expected* to tweet and/or post on Facebook and/or LinkedIn on the CQUniversity Alumni social media sites about their experiences for the purposes of promoting the CQUniCares Alumni Development Grant program. Please use the hashtag #CQUAlumniGrant

(*If you do not have either of these social media platforms, please make a note in your application details above).

Blog: CQUniCares Alumni Development Grant awardees are required to provide the Alumni Relations Team with an outcome report of their experience, and highlighting the community benefit. This may be used to announce and promote future rounds of the CQUniCares Alumni Development Grant program. When possible, please provide photos and/or videos associated with the initiative to illustrate your experience.

Only tick the box if you agree to the following:

You agree to acquit your grant within three months of completing your activity, by writing a 500-word outcome report, and supplying a photo/video (if possible) about your experience.	
You agree to provide evidence of expenditure of your grant funding on the project detailed in your application.	
You agree to allow CQUniversity to use information of your outcome report to promote the alumni program and/or CQUniCares Alumni Development Grants via social media, online, or in printed collateral.	

STATEMENT OF AGREEMENT

If I receive a CQUniCares Alumni Development Grant, I understand that all funds will be made payable to me and are strictly for the use agreed upon by CQUniversity, as detailed in this application.

I understand that CQUniversity retains the authority to make and award grants at its sole discretion.

I am aware of the obligations expected of me (described in this application).

I am prepared to fulfil these requirements.

If I receive funds, and the proposed project cannot be completed within the calendar year that I receive the funds for any reason, I agree to return all funds to CQUniversity on presentation of an invoice, unless otherwise agreed by CQUniversity.

I agree that I may be photographed, videotaped, audio-recorded, or quoted for CQUniversity media including but not limited to print, internet, audio, video, or any other electronic medium.

I agree that CQUniversity has the right to use and incorporate, in whole or part, photographs, audio, video, or verbal quotations taken of/from me as a result of my participation in CQUniversity activities.

I understand that I am solely responsible for the withholding and/or payment of any income tax liability that my activities may give rise to.

Should I receive a CQUniCares Alumni Development Grant, I understand that the funds will be deposited to the nominated bank account detailed in the CQUniversity Creditor Application that is provided to me by CQUniversity once the Alumni Development Grant application has been approved.

I, the undersigned, hereby certify that the information set forth in this application and supporting documentation is correct to the best of my knowledge.

Signature: Date:	

Please submit your application to <u>alumni-enquiries@cqu.edu.au</u>

