

When you first create an account you are asked to enter your details

* Title

* First name

* Last name

* Email

* Position

Phone

Mobile

New Sponsorship Application

*** Title**

...

Please provide the title of the proposed project(s) / event(s)

*** Program Area**

...

*** Start date**

...

Application must be submitted at least three months prior to the event taking place.

*** End date**

...

*** Total cost in dollars**

...

*** Total requested in dollars**

...

Website for project /event

Is this a new project that has not previously been undertaken by your organisation

*** Description**

...

Please provide a description of your project(s) / event(s) to be sponsored. Description cannot exceed the maximum length of 2600 characters.

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Eligibility Criteria

Please review the Eligibility Criteria below. If your application does not fulfil all of the criteria please contact Healthway to discuss whether you are eligible to apply:

1. Your organisation must be incorporated (or has made an application to be incorporated) or a company, or a trust body.
2. Your organisation does not accept any form of funding from tobacco companies or their related foundations, either directly or indirectly.
3. Your organisation has fulfilled all previous acquittal requirements for Healthway funded programs.
4. Your organisation will maintain a general public liability insurance policy of at least \$5,000,000 for the period of this sponsorship.
5. Your organisation complies with relevant State and Federal legislation (e.g. Working with Children (Criminal Records Checking), Liquor Control, and Drugs in Sport and disability access and other requirements under the Disability Services Act - refer to Healthway's Disability Access Inclusion Plan).
6. Your organisation is not a school applying for an activity that is part of the core curriculum.
7. The application does not seek sponsorship solely for capital works, major equipment, fundraising or purchase of infrastructure costs associated with running an organisation.
8. The application does not seek sponsorship for overseas / interstate travels and tours, or activity occurring outside Western Australia.
9. The application does not seek sponsorship for projects(s)/events(s) which involve the advancement or promotion of a religion or religious outlook or the recruitment of people to a religion.
10. The application does not seek sponsorship for camps, conferences, videos and publications, uniforms and personal playing equipment, unless they are clearly part of a wider project.
11. The application is not seeking sponsorship for boxing or any activity that allows deliberate targeting of the head within the rules.
12. Your organisation can supply an ABN (or has applied for an ABN) or a completed 'Statement by a Supplier' form.
13. Your organisation has appropriate Health and Safety Policies and a risk management plan to appropriately deliver the project(s) / event(s).
14. Minimum Health Policy Requirements for Sponsored Organisations.
15. You are able to provide Exclusive Naming Rights to your project(s) / event(s).
16. You have read the Sponsorship Guidelines.

I have read and met the above criteria

Applications that do not meet the criteria will not be eligible for funding.

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Contact Person

Please provide a contact person:

* Title

* First name

* Last name

* Position

* Email

Phone

must be 10 digits long (including area code)

Mobile

must be 10 digits long

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If you have previously applied you should be able to find your organisation

Organisation General Information

Search for existing organisation:

- Associates Hockey Club Inc
- Australs Hockey Club Inc
- Beacon Ladies Hockey Club Inc
- Bencubbin Hockey Club Inc
- Beverley Redbacks Hockey Club Inc
- Boddington Hockey Club Inc
- Boyanup Hockey Club Inc
- Brookton Women's Hockey Club
- Bruce Rock Hockey Club Inc
- Bunbury Ex-Students Hockey Club Inc
- Burracoppin Hockey Club
- Canning Districts Hockey Club Inc
- Canal Hockey Club

or

New Organisation

Otherwise you can create a new one.

Organisation General Information

Search for your organisation

* Name	Trading name	
<input type="text"/>	<input type="text"/>	
* Postal address	* Suburb	* Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>
* State		
<input type="text"/>		

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Bank Account Details

Account name

Bank name

BSB

Account Number

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GST Information

Please select one of the following.

Australian Business Number (ABN)

* ABN

24 538 749 304

* Gst registered

Yes No

If your organisation is registered for GST, Healthway will gross-up the approved sponsorship for GST liability upon the issue of a Recipient Created Tax Invoice.

Application for an ABN has been made to the ATO

Statement By Supplier Form

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Organisation Status

Please select one of the following:

Is incorporated under the Associated Incorporation Act 1987 or has made an application to be incorporated under the Act.

Company (e.g. Pty Ltd under the Corporation Act 2001)

Statutory body (e.g. School, Public Health Unit, Local Govt ect)

Trust

Public Liability

It is a requirement of Healthway sponsorship that organisations maintain a general public liability insurance policy of at least \$5,000,000 for the period of the sponsorship.

* Public liability insurance in millions

,000,000

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Locations

Please select one or more of the following location categories in which the project(s) / event(s) will be held, and list the locations (maximum of five).

Remote

[Add Location](#)

An isolated location with a population of generally less than 200.

Rural

[Add Location](#)

Locations outside of capital cities and regional centers, which are also not remote locations.

Regional

[Add Location](#)

Include: Albany, Broome, Bunbury, Busselton, Geraldton, Kalgoorlie and Mandurah.

Metro

[Add Location](#)

Perth metropolitan areas.

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Key Activities

To assist Healthway with the ongoing management of the sponsorship, please indicate the date and location the activities for which sponsorship is sought.

*** Name of key activity**

Name cannot exceed the maximum length of 100 characters

*** Venue**

*** Activity start**

*** Activity end**

Add Key Activity

Key activities description

If required please provide a brief commentary that may assist Healthway in understanding the data provided. Limit 1600 characters.

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Project Reach

Healthway IS interested in how many people will be involved in the project(s) / event(s) and how many people it will reach, particularly those in our priority groups.

Participants / Organisers:

Includes all people who will actively participate in or organise the project(s) / event(s), including volunteers.

Audience / Spectators:

People who will specifically come to watch the sponsored project / event and are not involved as participants or organisers. Please do not include people watching the activities on television at home.

Anticipated numbers should only include the number of individuals that will be exposed to the project / event. Each participant, audience member or spectator can only be counted once. The anticipated numbers should not include multiple exposures that an individual has to the project / event.

A) Please complete the following table with the anticipated numbers of participants / organisers and audience / spectators.

Age Group	Participants / Organisers		Audience / Spectators	
	Male	Female	Male	Female
Children 12 and under	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth 13-17	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Adult 18-54	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Seniors 55 and over	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

B) Will the project(s) / events(s) result in multiple exposure to the total population? (e.g. multi-week program to the same audience)

Yes

No

C) How did you generate this total?

- Current numbers
- Market research
- Previous projects or events
- Estimation

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Priority Populations

Healthway has identified the following priority population groups:

- Young people and children (people aged 17 years or under).
- Indigenous people (people of Aboriginal or Torres Straight Islander descent).
- Rural and remote communities (people living outside the Perth metropolitan area or major regional centre. Remote communities are generally isolated, with a population of less than 200).
- Disadvantaged groups where inequalities exist (people disadvantaged through economic, cultural, social or educational factors. Includes physical and mental disadvantage as well as culturally and linguistically diverse (CaLD)).

Please enter the anticipated number of both participants and audience / spectators from Healthway's priority groups.

Young people and children

Indigenous people

Rural and remote communities

Disadvantaged groups

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Message Promotion (Exclusive Naming Rights)

The health message allocated by Healthway will be contained in the title and logo of the project(s) / event(s), as the first part of the title, and exclusive of all other sponsors. No other sponsor can be allocated Naming Rights, Principal Partner or Presenting Partner. Exclusive Naming Rights is promoted as; 'Health Message Project/Event', (Arts example - 'LiveLighter Music Program', Sport example - 'Smarter than Smoking Junior Sports Clinics').

Select from one or more of the following marketing methods that will be used by your organisation to promote the project(s) / event(s).

Program advertising

Website

Television

Radio

Newspaper

P/A Announcements

Project / Event signage

Advertising flyers

Other

Message promotion details

Please provide further details on the advertising, marketing and promotional benefits you will provide to Healthway, including specific information from the list above.

Other sponsorship details

Please provide relevant particulars as to any sponsorship or support (monetary or otherwise) that may result in the promotion of alcohol, food, beverage or gambling products or brands (including those to be proposed or confirmed), in association with any program, event or activities of your organisation.

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Supporting Documents

If you have any supporting documentation please upload now:

File types are txt, rtf, doc, docx, odt, ods, xls, xlsx, pdf, xps, jpg, gif, png, jpeg.

Size Limit - maximum file size is 5.0MB

Upload a file

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Declarations

1. The Applicant warrants that he / she has the authority to bind Associates Hockey Club Inc and declares that the information provided in this application is true and correct.
2. The Applicant represents and declares that Associates Hockey Club Inc is solvent in that it is capable of paying its debts as and when they fall due.

* Agree

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Submit