



St George Hospital and Community Health Service

# EXTERNAL FUNDRAISING APPLICATION FORM

(As required by the Charitable Fundraising Act 1991)

## DETAILS OF FUNDRAISING PERSON(S) OR GROUP

Name of Coordinator .....

Name of Organisational/Business/Community Group (if applicable) .....

Address .....

Phone Number .....

Mobile Number .....

Email Address .....

## DETAILS OF FUNDRIASING ACTIVITY

### 1 **Type of fundraising activity proposed**

(Activities requiring authorisation include raffles, stalls/fetes, dinners, donation boxes, direct mail, art unions etc)

.....  
.....

### 2 **Details of Fundraiser/Event/Proposal**

(Outline the event plan)

.....  
.....

Date and time of event .....

Location .....

**3 Proceeds to be donated to**

(Name of department/ward and/or piece of equipment)

.....  
.....

**4 Media**

Do you intend to invite or engage any media outlet in this fundraising activity? If so, please provide details and note that any media relating to the St George Hospital must have the approval of the South Eastern Sydney Local Health District (SESLHD)

.....  
.....

**5 Raffles**

(To be completed only if you will be conducting a raffle as part of your fundraising project)

What is the proposed commencement date? .....

What is the proposed draw date? .....

What are the ticket prices? .....

Will the prizes be donated or will they be purchased? .....

Is there a limit on the number of tickets you will be selling? .....

**6 Event Budget**

- The event cannot be used for your own direct commercial gain or profit
- The event must have the potential for financial success so that neither the organisers or SESLHD are liable for unpaid expenses
- Accounting for funds received and expenditure must be to a standard acceptable to SESLHD
- The Fundraising Coordinator must be made aware of major expenses prior to the event

**Estimated donation to the St George Hospital**

\$..... (ie total income – total expenditure)

**TERMS & CONDITIONS**

We understand the terms and condition under which any fundraising activities benefiting SESLHD need to operate. We will endeavour to ensure that SESLHD representatives are informed of the development of any fundraising concepts and approve any promotional material or media releases citing any hospital within SESLHD as the beneficiary. I have read the guidelines and agree to hold my fundraising event in accordance with SESLHD guidelines. I understand my obligations with regards to sending the proceeds raised to the St George Hospital within **14 days** of completion of the event.

I agree to conduct this event in a manner which upholds SESLHD’s integrity, professionalism and values. I agree to inform the St George Hospital Community Relations Department if the details of my event deviate from those stated in this application form.

I agree that the funds raised can be applied generally when excessive funds are raised or the specific purpose fails.

Name .....

Signature .....

Date .....

**REVIEWED AND ENDORSED BY GENERAL MANAGER, ST GEORGE HOSPITAL**

Name .....

Signature .....

Date .....

**REVIEWED AND APPROVED BY SESLHD TAXATION ACCOUNTANT**

In some cases pending on taxation implications, approval may need to be sought from the SESLHD Taxation Accountant.

Name .....

Signature .....

Date .....

If your application is approved an authority to fundraise on behalf of SESLHD will be forwarded to you along with the Statement of Income & Expenditure and Event Completion Form.

Please return your completed application form and estimated budget to:

E: [SESLHD-StGeorge-CommunityRelations@health.nsw.gov.au](mailto:SESLHD-StGeorge-CommunityRelations@health.nsw.gov.au)

Community Relations Department  
St George Hospital  
PO Box 729  
KOGARAH NSW 1485