



APPLICATION FORM - WORKPLACE HEALTH PROMOTION GRANTS

Things you need to do before submitting this form:

- Read the guidelines and the standard terms and conditions provided in the Funding Agreement prior to submitting your application. Copies of these documents are available at workhealth.vic.gov.au
- Make sure that all the information provided is accurate. If you do not provide all of the required information, your application may not be accepted or processed.
- Complete the Declaration Section of the Application Form.

Completion of this form does not constitute an offer by WorkSafe Victoria (WorkSafe), nor an agreement to provide any funding for the proposed project. If your application is approved, the information provided will be used in the Workplace Health Promotion Grants Funding Agreement.

How will the information collected be used?

Information collected will be used for processing and administering your application. It may also be used for evaluating the Workplace Health Promotions Grants.

WorkSafe may disclose information collected to its contractors and agents and any person or organisation authorised by you, or by law, to obtain it.

Applicants should note that all information submitted to WorkSafe may be the subject of a request under the *Freedom of Information Act 1982 (Vic)*. WorkSafe will consult with an employer if a request relates to that organisation's commercial information.

For help filling out this form

If you need further help completing the form, contact WorkSafe on 1800 136 089.

How to submit this form

Mail: WorkHealth
WorkSafe Victoria
GPO Box 4306
Melbourne VIC 3001

Facsimile: (03) 9641 1952
Email: info@workhealth.vic.gov.au

Fields marked (*) are mandatory

1. Eligibility (please complete to establish your eligibility for funding)

* Has your organisation previously provided health checks to a majority of your workers targeting some or all of the chronic disease risk factors (listed in section 3 of this application) in the last two years?

Yes No If yes, please attach supporting evidence.

2. Contact Information

2a. Organisation Details

* Legal Name of Employer

* Business / Trading Name

* Postal Address

* Town / Suburb

* Postcode

* State

Main Street Address (if different from above)

Town / Suburb

Postcode

State

2. Contact Information (cont.)

2a. Organisation Details (cont.)

* Type of Organisation Company (registered under Corporations Act) Partnership Trustee

Other (please specify)

* Annual Remuneration (total organisation)

* Total Number of Workers (including part time workers)

* Australian Business Number (ABN)

* Are you registered for GST? Yes No

* WorkSafe Injury Insurance Number (Employer number)

To be eligible for funding you must provide either your WorkSafe Injury Insurance Number or indicate that you manage your workers compensation claims as a self insurer.

OR Self Insured Organisation

2b. Applicant Contact Details

Applicant Representative

This is the person who will sign the funding agreement. All correspondence will be addressed to this person.

* Title * First Name * Last Name

* Position Title

* Telephone Mobile Facsimile

* Email

Project Representative

This is the person who will manage the project on behalf of your organisation. Complete only if a project representative has been designated for the project.

Title First Name Last Name

Position Title

Telephone Mobile Facsimile

Email

3. Project Overview

* Project Name

This is a brief statement about your project. This description will be used on all correspondence. Please use 10 words or less.

* Project Description

Describe the project in 50 words or less.

* Chronic Disease Risk Factors

Please indicate the risk factors your project will target by promoting: (tick more than one if required).

- Physical activity Responsible alcohol consumption
 Healthy diet and nutrition Positive mental health
 Smoking cessation

6. Project Budget

Please provide details of the income and expenditure for your project, excluding GST. Note that the total income should equal total expenditure.

Complete the budget using only the descriptors that are relevant to project. If you cannot provide enough details in this section please provide a summary here and the details on a separate sheet (or sheets) using the same categories.

Income	\$	Expenditure	\$
* Amount requested from this program		Facilitator / trainer fees	
Other State Government funding		Awareness or health information products (development / purchase / printing / distribution costs)	
Local Government funding		Web design and IT costs (e.g. service connection)	
Federal Government funding		Education costs (e.g. library resources, educational tools etc.)	
Funds from your organisation ¹		Marketing / promotion / printing costs	
Other (please specify)		Training programs / course / seminar costs	
		Workplace facilities and equipment (e.g. secure storage, bicycle racks, table tennis equipment, canteen / vending machine improvements)	
		Other (please specify)	
* Total Income	\$	* Total Expenditure	\$

¹ If your organisation has an annual remuneration over \$10 million, the amount requested from this program must be matched by your organisation.

7. Declaration

In submitting this application, all signatories to this application 1) have read the guidelines and the standard terms and conditions provided in the Funding Agreement and 2) declare that the information contained in the application, including all attachments, is to the best of their knowledge true, accurate and complete.

Check this box to confirm that the above declaration has been accepted

Signature (only required for hardcopy applications)

* Print Name

* Position

* Date

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(To be completed by the Applicant Representative)

8. Supporting Documents

Please provide details of any documents you have attached to your application.

* Evidence of previously conducted worker health checks

WorkHealth Location Template (only if required)

Key Tasks and Milestones Template (only if required)

OFFICE USE ONLY

Application Identification Number

Administration Officer Name

Date Received

 / /

Date Processed

 / /

Acquittal Date

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