



# Activity Grants Application Form

Organisation or Individuals Name \_\_\_\_\_

Contact Persons Name and Position/Relationship \_\_\_\_\_

Contact Persons Details      Address \_\_\_\_\_

E-mail \_\_\_\_\_

Telephone \_\_\_\_\_

Provide a brief history of the organisation or individual, so as to put the application into context.

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Outline the intended use of the grant, including details of the expected costs and time frame.

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Is there any other funding from other third parties also contributing to this project? If so, please identify.

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Will this project go ahead without the grant?

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How will the grant benefit the organisation's members or the individual?

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How will the community benefit from the activity intended for this grant?

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Outline how Riseley Physiotherapy may expect to be acknowledged as the supplier of the grant.

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Please provide any further information you think may be relevant

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**Declaration**

I, (Applicants Name) \_\_\_\_\_, hereby certify that I have been authorised by (Organisation or Individuals Name): \_\_\_\_\_ to prepare and submit this application. The information herein is, to the best of my knowledge true and correct.

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Thank you**

Please submit three hard copies of this application form in an envelope addressed to:  
Activity Grants Subcommittee, Riseley Physiotherapy, 8 Riseley Street, Applecross WA 6153