

Sponsorship Application Form



Section 1 – Purpose of the Sponsorship

Sponsorships are awarded for the purpose of encouraging members to improve their knowledge, practice and skills, and to share their own expertise and knowledge with others in the interpreting and Deaf communities. ASLIAQ sees sponsorship as a way to assist members who may face financial or geographical barriers to professional development and networking opportunities.

Section 2 – Who is eligible to apply

Any Individual ASLIA Member (Ordinary, Associate or Student) who are registered in Queensland can apply for a maximum of \$500 sponsorship in any twelve month period.

To become an ASLIA Member, please visit the ASLIA Website: <https://aslia.com.au/join-now/>

Section 3 – Funding criteria

- » Eligible applicants may apply for sponsorship whenever they choose. Individuals who are successful will only be awarded sponsorship once every twelve-months.
- » Each person seeking sponsorship must complete an application form.
- » Application forms are accepted throughout the year and processed as they are received. However, applications must be received at least 4 weeks before the event is to commence. You will be notified of the decision of ASLIAQ within three (3) weeks of receipt of your application.
- » Each applicant must provide an official document (eg. Flyer, registration form) from the body organising the event that clearly states the event information, including location, dates, duration and costs of the event.
- » Funding will not be provided for events that have already been completed or costs that have already been incurred.

Section 4 – What to include with your application

Please attach a copy of documentation as evidence of the event including location, dates, duration and costs of the event.

If you require any assistance with your application or further information please contact ASLIAQ by email at info@asliaqld.org

Section 5 – Applicant Details

Are you a current member of ASLIA? Yes / No
(Please note that only ASLIA members are eligible for sponsorship.)

Name of Applicant _____
(Please provide the name of the person for whom funds are being sought)

Address _____

Suburb _____ Post Code _____

Is this your home address? Yes / No

Contact Mobile _____ Other Phone _____

Email: _____

Preferred contact method (please circle) SMS / email

Section 6 – Sponsorship Application

What will the funds be used for? _____

How much are you seeking ASLIAQ to fund? (max \$500) _____

Would you like ASLIAQ to assist with finding board or accommodation? Yes / No

Section 7 – How will the community benefit from you receiving this sponsorship?

Section 8 – Electronic funds Transfer (EFT)

ASLIAQ's payment method is only by Electronic Funds Transfer (EFT). Funds will be automatically deposited into the following nominated bank account and must be in the name of the person signing section four of this document.

Account Name:	
BSB Number:	Account Number:
Bank Name:	
Email Address:	

Section 9 – Conditions of the Sponsorship

I confirm and agree to the following:

1. I will supply an official document from the body organising the event, clearly stating the location, dates, duration and costs of the event.
2. At the completion of the event, I will provide ASLIAQ with proof of attendance (eg. Registration receipt, Certificate of attendance).
3. That I will expend any monies received from ASLIAQ as outlined in this application, unless otherwise negotiated with and approved by ASLIAQ.
4. I will return any monies not expended in accordance with ASLIAQ's approval letter.
5. I will acknowledge ASLIAQ's sponsorship in any publicity or promotion.
6. Within one (1) month of the completion of the event, I will prepare a brief news story of the event attended, in either written English or Auslan, for submission into the ASLIAQ newsletter.
7. That should this application be successful but I am unable to attend, I am obliged to return the full sponsorship amount to ASLIAQ.
8. That failure to comply with these conditions may preclude me from accessing further sponsorship funds in the future.

I understand that any variation from the conditions listed in Section 9 will require negotiation with and approval from ASLIA Queensland.

I _____ confirm that all information given in this
(PRINT APPLICANT'S NAME)
application, including any attachments hereto is true and correct in every particular.

Applicant's Signature: _____ Date: _____

Section 10 – Where to send your application

Applications together with attachments should be forwarded to:

Email: info@asliaqld.org **OR** **By Post:** ASLIA Qld, PO Box 661, Stones Corner, Qld 4120