

The Big Connect – Application Drafting Tool

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# About the drafting tool

We created this drafting tool to make it easier for applicants to understand and prepare for what is required when submitting a funding application for The Big Connect.

This tool allows applicants to:

* understand what information is required of applicants
* draft responses to application questions, in line with word limits
* collaborate on an application with colleagues
* review responses and check for errors prior to submission in the VicHealth Stakeholder Portal.

# Before you start using the tool

* Confirm your organisation and your idea is eligible first and foremost. **Review the organizational eligibility criteria** and the **required project criteria and focus areas** in The Big Connect [funding guidelines](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/TheBigConnect-Grant-guidelines.pdf).
* **Download** the [**Budget Template**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Budget_application_template.xlsx) and [**Work Plan**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Workplan_application_template.docx). The template and Work Plan must be uploaded with all applications
* **Download** the [**Application Drafting Tool**](https://www.vichealth.vic.gov.au/-/media/Future%20Healthy/big-connect-application-drafting-tool)(this document) and save it to your computer.
* **There are six sections of the application form** in the VicHealth Stakeholder Portal and this is reflected in this Drafting Tool, where each section is numbered to correspond with the online application form.
	+ As you progress through the online application form, you can tell which section you’re up to by looking at the top of the page in the progress bar, shown in the screenshot below.
	+ The progress bar will change from blue to green, to signify when you have completed a section.
	+ Note the location of the ‘Save & resume later’ and ‘Print’ buttons in the screenshot below.



* + Use the **Navigation Pane** in Word to skip between sections in this document easily (go to ‘View’ tab, and tick ‘Navigation Pane’ to enable this in Word)
* Ensure your responses meet the **word count limits** set for each application question
* Read the **tips** below each question, in green
* If your application involves an **Auspice arrangement**, review information in [Step 5 of 6: Organisation and Contact Details](#_Step_5_of)
* Keep your formatting simple – **formatting will not transfer to the VicHealth Stakeholder Portal** (e.g. font, line spacing, dot points will not transfer)
* Once you are ready to submit, **copy and paste your drafted responses** into the corresponding boxes in the online application form, via the VicHealth [Stakeholder Portal](https://vichealth.force.com/s/login/).
* Applications **must** be submitted through the **online** application form in order to be considered, before the closing date.
1. Introduction

|  |
| --- |
| Welcome, and thank you for your interest in VicHealth’s The Big Connect funding opportunity.Up to $5m in funding is available as part of The Big Connect to fund projects that **increase access to opportunities for Victoria’s children and young people (aged 0-25 including families) to build meaningful social connections.**Before commencing an application please read the [funding guidelines](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/TheBigConnect-Grant-guidelines.pdf)to ensure that your project aligns with the guidelines, and that your organisation or auspice partner is eligible to apply. Successful applications will be contracted via a [VicHealth Funding Agreement](https://www.vichealth.vic.gov.au/-/media/Funding/LongFormGrantAgreement.pdf), which outlines the terms and conditions of your contract should your application be successful.Your VicHealth Portal account allows you to view, edit, submit and review applications, keep your contact details up to date and contact VicHealth with queries you have at any stage.Please note this application requires completion and upload of a project [**budget**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Budget_application_template.xlsx) and [**work plan**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Workplan_application_template.docx). These can be downloaded and completed in advance, then uploaded to your application at Section 3. About your project.Applications must be completed and submitted via this Portal by 2:00pm on Tuesday 7 December 2021.In fairness to all applicants we are unable to accept any late or incomplete submissions or provide individual feedback on funding applications.To complete an eligibility check and start an application, click Next. |

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| **Tip:**If you haven’t done so already, download the template attachments from The Big Connect website:* [Budget Template](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Budget_application_template.xlsx) (must be completed and uploaded with all applications)
* [Work Plan Template](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Workplan_application_template.docx) (must be completed and uploaded with all applications)
 |

1. Eligibility and Compliance Check

### Eligibility check

**The following eligibility check questions must be responded to on behalf of the organisation responsible for the project (you or your auspice partner, if applicable):**

**Has an Australian Business Number (ABN) and a bank account for Electronic Funds Transfer of project funds?**

⃝ Yes

⃝ No

**Holds either of the following legal structures (select an option):**

|  |  |
| --- | --- |
| ⃝ Company Limited by Guarantee | Note: Applicant will also need to acknowledge that they hold a registration with ASIC and the Australian Company Number shows that the organisation is limited by guarantee |
| ⃝ Incorporated Association | Note: Applicant will also need to acknowledge that they have an active registration number with Consumer Affairs Victoria or is incorporated by Victorian legislation |
| ⃝ Neither | Note: Applicant will not be eligible if this option is chosen. |

**Is located in Victoria and intends to deliver activities in Victoria, with a primary focus on health and wellbeing outcomes for Victorians?**

⃝ Yes

⃝ No

**Has satisfactorily fulfilled previous and/or current VicHealth funding requirements, if applicable?**

⃝ Yes

⃝ No

⃝ N/A

|  |
| --- |
| Yes = The Organisation has received funding from VicHealth in the past and has satisfactorily fulfilled all grant requirementsNo = The Organisation has received funding from VicHealth in the past but has not satisfactorily fulfilled all grant requirements N/A = The Organisation has not received a VicHealth grant in the past |

**Holds all necessary insurances, including Worksafe certificate of currency and public liability insurance of $2 million per event for the proposed project, or, if insurance is not currently held, commits to purchasing all necessary insurances before commencing the project. Further information about required insurances is provided in the funding guidelines.**

⃝ Yes

⃝ No

### Required Project Criteria and Focus Areas

|  |
| --- |
| **Required Project Criteria*** Primary outcome - increase access to opportunities for meaningful social connection
* Primary target group is a hardly reached group aged 0-25 years and/or families
* Immediate impact - address the immediate need in the community through replicating or scaling an existing project or creating a new innovative idea that will respond to need immediately
* Sustained impact - project outcomes continue beyond life of The Big Connect funding

**Focus area*** Supporting young people to feel like they belong to their community\* or their local neighbourhood
* Creating opportunities to address barriers to participation (e.g. participation in active recreation)
* Destigmatising and increasing the understanding of loneliness, social isolation and mental health issues
 |

**The application will describe a project that clearly meets all 4 of the required project criteria and at least one of the focus areas as outlined above and in the funding guidelines?**

⃝ Yes

⃝ No

|  |
| --- |
| **\*Tip:** Community can mean where someone lives, learns, works and plays, whether that be in-person or virtually. It does not have to be a geographic community. |

### Tobacco industry relationship declaration

**Do you or the organisation applying for funding have any current, planned or past five (5) year relationships with a tobacco company, the Australian Tobacco Research Foundation, or other tobacco industry funded bodies?**

⃝ Yes

⃝ No

|  |
| --- |
| **Tip:** **For more information on the types of relationships you need to declare please refer to** [**VicHealth’s Harmful industry relationship funding and procurement policy**](https://www.vichealth.vic.gov.au/search/vichealth-harmful-industry-relationship-funding-and-procurement-policy) |

### Child Safe Declaration

|  |
| --- |
| The Victorian Health Promotion Foundation (VicHealth) is committed to ensuring the safety, participation and empowerment of children and young people. VicHealth has zero tolerance to any and all harm and/or abuse of children and young people. To achieve the best outcomes for children and young people who engage with us, our funded projects, or services we procure we expect our staff, Board, Committee and Panel members, contractors and our funded partners or service providers to work in line with the Victorian Child Safe Standards and meet VicHealth’s obligations under the National Redress Scheme.Child Safe Obligations Declarations, are to be completed in line with VicHealth's guidance on Projects Working with children (under 18) funded by VicHealth. For a link to this information and what you need to declare please visit, our [information for all applicants page](https://www.vichealth.vic.gov.au/search/information-for-all-applicants) and see the [funding guidelines](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/TheBigConnect-Grant-guidelines.pdf) for more information on what constitutes 'services to children'.Note: Declarations do affect your eligibility to apply. |

**Does your project proposal include ‘services to children’?**

⃝ Yes

⃝ No

|  |
| --- |
| **Tip: Definition of Services to Children:**VicHealth’s definition for ‘Services to children’ means services provided by a non-government entity that is responsible for:* The supervision of, or
* Authority over, a child or young person under 18 years old.
 |

**If yes, please confirm your organisation has or will implement prior to the contract starting, child safe protocols and working with children checks for all relevant staff?**

⃝ Yes

⃝ No

**If yes, please confirm your organisation has or will obtain or maintain for the duration of the project insurance that provides indemnity for liability for Child Abuse?**

⃝ Yes

⃝ No

1. About your project

### Project summary

|  |
| --- |
| This is where you get to tell us about your idea or program, the priority group you plan to focus on and how VicHealth funds would enable your organisation to improve the health and wellbeing of community members belonging to that group.**Tip: Hover over the question mark icons for tips on how to answer each question as you move through the form.** |

**Project Title**

Enter your project title below. You have up to 80 characters (including spaces) for your title, about 15 words. Consider your title, it should be easy to tell what the project is from the project title.

|  |
| --- |
| **Click here to enter text (max 80 characters).** |

**Please provide a summary description of your project in 1-2 sentences, your 'elevator pitch'.**

|  |
| --- |
| **Click here to enter text (max 50 words).** |

|  |
| --- |
| **Tip:** Please keep the summary simple. Typical wording might be: We [WILL DO THIS] for [THIS GROUP OF PEOPLE] so that [THIS THING WILL HAPPEN]. Example Project Summary: (Org name) will deliver a weekly arts and storytelling program, run both indoors and outdoors for children aged 1-6 years. The project will provide opportunities for social connection through creativity.  |

### Outcomes

All applications for The Big Connect must have a primary outcome of **increasing access to opportunities for Victoria's children and young people (aged 0-25 including families) to build meaningful social connections.**

[ ]  By ticking this box, you agree that the primary outcome of your project will be to increase access to opportunities for meaningful social connection.

**Describe how young people and/or families will be more connected because of your project.**

|  |
| --- |
| **Click here to enter text (max 250 words).** |

**Health promotion projects regularly have more than one outcome. Please indicate if your project will have one of the following secondary outcomes (please choose only one secondary outcome and choose the one that is the main secondary outcome for your project).**

[ ]  Increase access to opportunities for active recreation and/or sport

[ ]  Increase access to opportunities for arts and/or cultural activities

[ ]  Increase access to healthy and affordable food (nutritious, safe and culturally appropriate)

[ ]  None of the above

|  |
| --- |
| **Tip:** Applications **will not** be assessed based on secondary outcomes. The information is used for VicHealth’s internal reporting only. Selecting ‘none of the above’ won’t impact your application. |

### Focus areas

|  |
| --- |
| Applications must include at least one of the following focus areas that will deliver social connection outcomes by:1. Supporting young people to feel like they belong to a community\* or their local neighbourhood through building connections between young people, with their communities and strengthen a sense of belonging to a group or network; and/or
2. Creating opportunities and address barriers to participation for example: in active recreation, play and sport, the arts and culture, healthy food system initiatives or other wellbeing activities. Can include new ideas or adapting existing approaches for new settings or target group (e.g. supporting the introduction of girls, hardly reached groups, unstructured or social activities); and/or
3. Destigmatising and increasing the understanding of loneliness, social isolation and mental health issues.
 |

**From the focus areas outlined above, what will be the focus of your activity/activities? Select all that apply.**

[ ]  Supporting young people to feel like they belong to a community or their local neighbourhood

[ ]  Creating opportunities to address barriers to participation

[ ]  Destigmatising and increasing the understanding of loneliness, social isolation and mental health issues

|  |
| --- |
| **\*Tip:** Community can mean where someone lives, learns, works and plays, whether that be in-person or virtually. It does not have to be a geographic community. |

### Project rationale

**Describe why the project is needed and detail how the project will address the need.**

|  |
| --- |
| **Click here to enter text (max 300 words).** |

### Project target group

**Who will benefit from the project? You may select more than one.**

[ ]  Pre-school age (0–4 years)

[ ]  Primary school age (5-11 years)

[ ]  Secondary school age (12-17 years)

[ ]  Young adults (up to the age of 25 years)

[ ]  Families/carers of children

**What hardly reached group will your project target? You may select more than one.**

[ ]  People on a low income

[ ]  Single parents

[ ]  Aboriginal or Torres Strait Islander people

[ ]  People living in a 2019/2020 bushfire affected area

[ ]  People speaking a language other than English at home

[ ]  People living with a disability

[ ]  People who are unemployed

[ ]  Women and girls

[ ]  LQBTQI+

[ ]  People living in rural or remote locations

[ ]  Other – a text box to provide detail of the hardly reached group will need to be provided if ‘other’ is chosen MAX 75 words

### Impact

**What will the impact of the project be on the project target group?**

|  |
| --- |
| **Max 300 words** |

|  |
| --- |
| **Tip:** Detail the timing and type of impact of your project will have. Applications should refer to the funding guidelines when completing this question and note that applications must demonstrate how the project will immediately respond to community need and detail the strength of the impact of the meaningful social connection opportunities (broad and/or deep impact). |

**How many people within your project target group will directly benefit from the delivery of the project?**

|  |
| --- |
| **Enter estimated number** |

**How will the project have benefit beyond the period the project is funded for?**

|  |
| --- |
| **Max 300 words** |

|  |
| --- |
| **Tip:** Detail how the impact of the project will continue beyond VicHealth funding. Note: Applicants should refer to the funding guidelines when completing this question and note that priority will be given to applications that can demonstrate the potential for sustained impact at either an individual and/or organisational level.  |

### Project type

**Select if your project is an existing project or a new project.**

|  |  |  |
| --- | --- | --- |
| ⃝ Existing project | Note: Applicant will also need to outline the type of existing project that will be delivered:[ ]  Existing project to be scaled[ ]  Existing project to be replicated**Note: The following question will be asked of applicants who are making an application for an existing project.** **Detail the project that is being replicated and/or scaled and how the funding from VicHealth will enable the project to be scaled and/or replicated in a new location, setting and/or population group. If you selected both above, please ensure that you outline how you are both scaling and replicating an existing project.**

|  |
| --- |
| **Click here to enter text (max 250 words).** |

 |
| ⃝ New project |  |

### Project location

**If you receive funding, where will funded activity take place?**

|  |
| --- |
| **Click here to enter address.** |

|  |
| --- |
| **Tip:** Select one street address for the question above even if you plan to deliver across more than one location. Think of it this way: If your application is successful, and VicHealth or a local paper wishes to check out your work or come and take a photo, where would you invite them to meet you? If you are delivering online content or aren't yet sure of where your project will be delivered, please enter your organisation address. |

**In which Victorian local government area (or areas) will your project be delivered?**

[ ]  Select one or more local government areas lists in a picklist

1. About your project

### Funding

**How much funding do you need from VicHealth? Round to the nearest dollar and include access funding. Do not include GST in this amount.** **The minimum funding amount is $100,000 and the maximum funding amount is $250,000 for projects to be delivered over a maximum 18-month period.**

|  |
| --- |
| **Enter your amount in dollars.** |

**Will the project receive financial or in-kind contributions from other sources?**

⃝ Yes (please detail these contributions in the budget template)

⃝ No

**Attach your** [**project budget**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Budget_application_template.xlsx) **below.**



Update or drag and drop your pre-completed budget in Excel or PDF format, then click ‘done’.

**Detail in dot points what the funding will be used for.**

|  |
| --- |
| **Click here to enter text. Max 250 words** |

|  |
| --- |
| **Tip:** This should include the project activities that will be delivered as a result of the funding (e.g. setting up steering group; hiring staff; buying materials; promoting activity; running activity). This should be a high-level summary only so that the reader understands what you plan to do, and in what order, to deliver the project. |

**Attach a completed** [**Project Timeline (workplan)**](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/Project_Workplan_application_template.docx) **below**



### Organisational capacity

**Detail why your organisation is best placed to deliver the project. In responding to this question, ensure to outline that your organisation has the experience suited to the type of activity proposed and a demonstrated level of skill relative to the project's aims and complexity.**

|  |
| --- |
| **Max 300 words** |

### Project duration

**What is the duration of your project?**

⃝ Up to 1 year

⃝ Up to 18 months

**Please enter the estimated start date of the project.** Note, start date must be in or after April 2022.

|  |
| --- |
| **Enter start date** |

**Please enter the estimated end date of the project.**

|  |
| --- |
| **Enter end date** |

### Partners

**How many confirmed partnerships do you have that will deliver the project with you?**

|  |
| --- |
| **Select number of partners** |

|  |
| --- |
| Please outline each confirmed partnership that will deliver the project with you (max 250 words per partner).In responding to this question, please detail: * how the partnership has been confirmed (e.g. exchange of letters, formal MOU)
* the role of each partner has/will have in the development and delivery of the project
* the experience and value that each confirmed partner brings to the project and how this is important to the success of the project

Note:  in-kind and cash contributions should be detailed in the budget template. If you have selected greater than 3, please outline the three most primary partnerships in the first 3 boxes, and summarise the remaining in the fourth box. |

|  |
| --- |
| **Enter partnership details – Max 250 words per partner** |

### Co-design

|  |
| --- |
| **Max 150 words**  |
|  |

**If you have used a co-design approach in the development of the project/idea, or you plan to co-design elements of your project/idea, please detail the co-design process you undertook or plan to undertake.**

\* For more information on co-design, see [VicHealth's co-design with young Victorians](https://www.vichealth.vic.gov.au/media-and-resources/publications/co-design) resource page.

|  |
| --- |
| **Max 150 words**  |

### Harmful industries relationship declaration

**Do you or the organisation applying for funding have any current, planned, or past 12 months relationships with the food, sugary drink, alcohol, or gambling industries?**

|  |  |
| --- | --- |
| ⃝ No |  |
| ⃝ Yes | If yes, applicants will need to answer the following questions:* What relationships do you or the organisation applying for funding have with the food, sugary drink, alcohol or gambling industries?
* What was/is/will be the nature of the relationships, partnerships or sponsorship arrangements with the food, sugary drink, tobacco, alcohol or gambling industries?
* If you have additional information on your selections above about Harmful Industries that will help VicHealth to make an assessment, please include that here.
* Please detail how harmful industry relationships will be risk-managed to ensure that VicHealth's statutory role to improve the health and wellbeing of Victorians is not undermined.

Note: if an application is shortlisted, VicHealth has the right to negotiate the proposed management plan. |

1. Organisation and contact details

### Auspice Organisation Details

**For applications involving an auspice organisation, we will collect details of both the Auspice Organisation and Project Delivery Organisation.**

**For information about what it means to apply with an Auspice Organisation, please see the [funding guidelines.](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/TheBigConnect-Grant-guidelines.pdf)**

**Does this application involve an Auspice Organisation?**

⃝ Yes

⃝ No

|  |
| --- |
| Yes = auspice organisation is involved;No = direct application from an eligible organisation |

**If yes, the following information must be provided about the Auspice organisation:**

* Auspice Organisation’s Trading Name
* Australian business number
* Business registration type
	+ Incorporated association – including Incorporation Number
	+ Company limited by guarantee – including Australian Company Number
	+ Victorian local government entity
* Contact details of the contact at the Auspice organisation
	+ Salutation
	+ First name
	+ Last name
	+ Position title
	+ Email
	+ Phone

**Please attach documentation confirming the auspice organisation has agreed to support this application, e.g. letter or email of support. Organisation and contact details on the documentation should match the auspice information provided above.**



### Project delivery organisation

**This is the organisation that will plan and coordinate project delivery if your application is successful.**

**The following information must be provided about the project delivery organisation:**

* Project delivery organisation’s trading name
* Australian business number
* Business registration type
	+ Incorporated association – including Incorporation Number
	+ Company limited by guarantee – including Australian Company Number
	+ Victorian local government entity
* Organisation type
	+ Local/community sporting club
	+ Community organisation
	+ Non-government organisation
	+ Active recreation organisation
	+ Health services
	+ Arts organisation/facility
	+ Aboriginal and Torres Strait Islander Organisation
	+ Multicultural community organisation
	+ Other/undefined
* Address
* Email
* Website
* Primary contact details (the person contacted to advise of the outcome of the application)
* Contact details of the contact at the Auspice organisation
	+ Salutation
	+ First name
	+ Last name
	+ Position title
	+ Email
	+ Phone

**Is the Primary Contact authorised to sign the funding agreement if your application is successful?**

⃝ Yes

⃝ No

**If no, the following information must be provided about the authorised representative for the project delivery organisation that will sign the funding agreement if the application is successful.**

* + Salutation
	+ First name
	+ Last name
	+ Position title
	+ Email

### Bank Details

|  |
| --- |
| If your application is successful, we will start getting payment ready for processing as soon as possible. Providing bank details here will help prevent processing delays and ensure grants are paid in time for projects to start.Note: If the application involves an auspice arrangement, VicHealth must make payment to the Auspice Organisation.VicHealth’s Finance team may get in touch to validate the details provided in this section before processing payment. |

**Name on account**

|  |
| --- |
| **Enter account name**  |

**Account Number**

|  |
| --- |
| **Enter account number**  |

**BSB**

|  |
| --- |
| **Enter BSB**  |

**Please provide an email address for remittance advice.**

|  |
| --- |
| **Enter email address**  |

1. Review

**Please check the information you have provided and make any necessary changes before submitting this form.**

### Acceptance and Privacy Statement

|  |
| --- |
| **Acceptance Statement*** I have read the [funding guidelines](https://www.vichealth.vic.gov.au/-/media/Campaigns/BigConnect/TheBigConnect-Grant-guidelines.pdf)
* The information provided in this application is true and complete to the best of my knowledge
* VicHealth, on receiving this information, may refuse this application if it becomes evident that information provided is incomplete or false
* I approve the information provided
* At the conclusion of the funding round VicHealth will publish names of successful organisations and basic details of projects funded
* I agree to participant in evaluation and capacity building activities if requested by VicHealth
 |

|  |
| --- |
| **Privacy Statement**Any information provided will be collected, managed and securely stored in accordance with the principles in the Victorian Privacy and Data Protection Act 2014 and VicHealth’s Privacy Policy. For further information on VicHealth’s Privacy Policy and approach, please see our website <https://www.vichealth.vic.gov.au/search/funding-partner-privacy-policy> for further information. |

|  |
| --- |
| **IMPORTANT!** Once you click Submit you will not be able to edit this application. Please ensure you have reviewed all the information. You may wish to save and resume later, or access a ‘print’ copy from the buttons at the top of the page. |

[ ]  **I accept**

