

NEPEAN HOSPITAL
APPLICATION FOR AUTHORITY TO FUNDRAISING
Form B – External

Prior to fundraising for Nepean Hospital, an application for authority to fundraise request must be completed and submitted for approval

Name _____

Name of organisation, (if applicable) _____

Address _____ Post code _____

Contact Number: _____ Mobile _____

Email _____

Type of Fundraising Activity: _____

Please state the type of fundraising activity, for example raffle, Fete, dinner, donation box, etc

Name of Event (if applicable) _____

Proposed date & time _____

Venue _____

Proposed Income \$ _____

Anticipated Expenses \$ _____

Anticipated Donation \$ _____

Where funds are to be donated or (where needed the most): _____

Applicant (please tick)

I have read the conditions of fundraiser for Nepean Hospital and agree to conduct all fundraising activities in conjunction with the Charitable Fundraising Act 1991

I agree to undertake all fundraising activities on my behalf and at my own risk. Nepean Blue Mountains Local Health District / Nepean Hospital will not be liable for any injury, damage or loss sustained as a result of any fundraising activities.

Nepean Blue Mountains Local Health District / Nepean Hospital reserve its right to withdraw approval for the fundraiser/event at any time if it appears that there is a likelihood of the Fundraiser failing to adhere to any of the guidelines.

Name _____

(Name of the person coordinating the event)

Signature _____

Date: / /

**Please forward completed form and any additional information to
The Events & Fundraising Manager Nepean Hospital: NBMLHD-Nepean-events@health.nsw.gov.au or
Post to Maryann Ciccone, Nepean Hospital Executive Office, PO Box 63 Penrith NSW 2751**

(Nepean Hospital Office Use Only)

Fundraising ID Number # _____

Authorised by Fundraising Manager: _____

Date: / /

Approved by General Manager: _____

Date: / /