

# Application for the Sexual Health and Blood-Borne Virus Program Organisation Development Grant

## Eligibility for application

The Sexual Health and Blood-borne Virus Program (SHBBVP) has limited funds available to assist Government services and non-government organisations to apply for an organisation development grant, focused on improving or developing sexual health or blood-borne virus-related workforce training or services. Only services based within Western Australia are eligible to apply for a grant. Conference attendance will not be considered under this grant program.

### Terms and conditions

The organisation must agree to abide by the terms and conditions of the grant application process, which include:

1. A limit of $5000 per applicant is available. Applications will be considered on a case-by-case basis and the ability of the service or organisation to demonstrate application of the training or organisation development on an on-going and sustainable basis. Services may only apply for one grant per financial year.
2. The Service must provide evidence of Chief Executive Officer’s/Senior Management approval on the application form to SHBBVP and a budget for the anticipated expenditure.
3. The grant will only be used for sexual health or BBV-related workforce development or an organisational improvement initiative.
4. Once the application is approved by SHBBVP, payment of the activity-related costs is the responsibility of the Service or Organisation.
5. The Service will provide a final and only invoice to the Department of Health for the approved initiative. Payment of the grant will not be made unless all supporting paperwork is provided to the Department of Health. Prepayment for the approved activity will not be granted.

### How to apply for the bursary

The grant can only be applied for prior to the proposed activity.

Only limited funds are available under the organisation development program. Applications will be considered based on the service/organisation’s ability to demonstrate a need in their work area and application of the outcomes for the organisation development initiative. Applications should be made on the (see link to application) form. Applicants are advised to read each of the Terms of Agreement and ensure evidence of Chief Executive Officer/Senior Management approval is obtained before, submitting an application form.

Queries regarding the application process should be directed to:

Administration Officer

Sexual Health and Blood-borne Virus Program

Address: 189 Royal Street, East Perth WA 6004

Email: SHBBVP@health.wa.gov.au

Website: <https://ww2.health.wa.gov.au/Articles/S_T/Sexual-health-and-blood-borne-viruses-workforce-development>

Applicants will be notified of the Department of Health’s decision by e-mail within six weeks of application.

## Sexual Health and Blood-borne Virus Organisation Development Grant Application

**APPLICANT DETAILS**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**WORKFORCE OR ORGANISATIONAL DEVELOPMENT INITIATIVE**

Describe why your organisation is seeking support to develop or improve sexual health or BBV related services.

Describe how the skills and knowledge will be applied or used to improve the organisation’s current services:

Describe how the organisation will sustain the service improvement:

**WORKPLACE APPROVAL**

Name of Chief Executive Officer /Manager: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application is approved: Yes [ ] No [ ]

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**TERMS OF AGREEMENT**

I understand and acknowledge all the terms of agreement outlined below in relation to applying for a sexual health or blood-borne virus related workforce training bursary:

1. A limit of $5000 per applicant is available. Applications will be considered on a case-by-case basis and the ability of the service or organisation to demonstrate application of the training or organisation development on an on-going and sustainable basis. Services may only apply for one grant per financial year.
2. The Service must provide evidence of Chief Executive Officer’s/Senior Management approval on the application form to SHBBVP and a budget for the anticipate expenditure.
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Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

## OFFICIAL USE ONLY

**APPLICATION APPROVAL**

[ ] Approved

[ ] Not approved

**Comments on the application:**

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Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**APPLICATION CHECKLIST**

Processing checklist and action date:

[ ] Manager/organisational approval \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] Terms of Agreement \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] Applicant advised \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] Invoice received from applicant/organisation \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

[ ] Payment of invoice authorised \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_