



## Organisation Details

Name of Organisation ABN  
Postal Address Postcode  
Street Address Postcode

Organisation Contact Number  
Organisation Website

For schools please indicate type:

## Authorising Officer Details (the Authorising Officer is the most senior person within your organisation)

Title Name  
Position within Organisation  
Email Work Phone

*I acknowledge that if my organisation's application is accepted, an Award Agent Agreement document will be sent for completion and signing before any charges are incurred and before my organisation can commence operating as an Award Agent.*

Authorising Officer Signature Date

## Ignite Leader 1 Details

*Each Award Agent must appoint an Ignite Leader. This person is the main contact for the Award Agent and is responsible for running Ignite Award within that organisation.*

Title Name Date of Birth  
Position within Organisation  
Work Phone Mobile Phone Email

Do you have any experience with Ignite Award?

I completed my Module 1 Training  
I have signed and attached a copy of the Volunteer Code of Conduct  
I have attached a scanned copy of my Working with Children Check  
I have read and understood the Ignite Leader Roles and Responsibilities.

Ignite Leader Signature Date

## Ignite Leader 2 Details

*Each Award Agent must appoint an Ignite Leader. This person is the main contact for the Award Agent and is responsible for running Ignite Award within that organisation.*

Title Name Date of Birth  
Position within Organisation



Work Phone

Mobile Phone

Email

Do you have any experience with Ignite Award?

I completed my Module 1 Training

I have signed and attached a copy of the Volunteer Code of Conduct

I have attached a scanned copy of my Working with Children Check

I have read and understood the Ignite Leader Roles and Responsibilities.

Ignite Leader Signature

Date

**Further Information** (this section must be completed in full)

Purpose for introducing the Award within your organisation:

Target Cohorts

Description (i.e. year group/ class)

Number Per Annum

Total Participants Year 1 (projected)

Total Participants Year 2 (projected)

Total Participants Year 3 (projected)

Initial Roll Out Plan (Year 1)

Will you be mentioning your involvement with Ignite Award on your website?      Y      N

Accounts department contact person

Contact email

Contact phone number

**Final Checklist**

Prior to submitting your application, please read through the below checklist and ensure you have all relevant documents attached:

Signed Award Agent Agreement

Applicable insurance certificates have been attached

Copies of Working with Children Checks for all Ignite Leaders

A signed Volunteer Code of Conduct for all Ignite Leaders

Please send completed application form to [info@igniteaward.org.au](mailto:info@igniteaward.org.au)