**2025 World Hepatitis Day Local Grants**

**$50 Supermarket Voucher Application Form**

**Section One: Applicant details**

**Contact name**

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**Name of clinic/organisation**

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**ABN**

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**Postal address of clinic/organisation**

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**Contact number**

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**Email**

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**Section Two: Morning/Afternoon Tea Details**

**Title of activity**

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| Morning or Afternoon Tea or Lunch (please circle one) |

**Provide a brief description of how your activity will fit the WHD 2025 theme: *Defeat Hepatitis - Take action now.***

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\*100 word max

**Who is your primary target audience?** (e.g. Older people, Aboriginal and Torres Strait Islander people, people who inject drugs, CALD community)

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**Date of activity** (Events should fall on or near World Hepatitis Day, 28 July 2025)

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**Section Three: Evaluation and Budget**

**Event evaluation:**

How will you measure the success of this activity? (include outputs and outcomes)

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**Event Budget: $50 supermarket voucher**

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| **Description** | **Total $50 supermarket voucher** |
| Morning tea, afternoon tea or lunch for clinic clients. Tea, coffee, milk, water, fruit, sultana or nut packets, healthy food items etc | **$50** |

**Section Four:**

I certify that the voucher provided under the HQ WHD Local Grants program in relation to this application will be used for the purposes set out above only YES/NO

I certify that we will fulfill all reporting requirements by Friday 5th of September 2025 YES/NO

**Media Consent**

By submitting this application, you acknowledge and agree that any photos, videos, or other media provided to Hepatitis Queensland as part of this grant may be used for promotional and educational purposes. This includes but is not limited to use on our website, social media channels, publications, and other communication materials.

If you have any concerns or wish to place restrictions on how your media is used, please contact us on 07 3846 0020 or digital@hepqld.asn.au.

|  |  |
| --- | --- |
| **Name** |  |
| **Position** |  |
| **Signature** |  |
| **Date** |  |

**Send your application to:**

**Email:** alex[@hepqld.asn.au](mailto:resources@hepqld.asn.au)

**Post:** WHD Local Grants Program, Hepatitis Queensland, PO Box 3150, Norman Park, QLD 4170