



Australian Government

Department of Health and Aged Care

Mental Health Program

Addressing Critical Psychology Shortages – Postgraduate Psychology Incentive Program – Round 1 Manual Application Form GOXXXX

Closing date and time:	2:00pm (Canberra local time) on [dd mmmm yyyy]
Commonwealth policy entity:	Department of Health and Aged Care (department)
Administering entity:	Community Grants Hub
Enquiries:	If you have any questions, contact the department via email: Grant.ATM@health.gov.au
Submitting:	<p>Submit the completed application form and all necessary attachments by the closing date and time via the red Submit Application button on the left-hand side of GrantConnect.</p> <p>You should keep a copy of your application and any supporting documents. Registered users will receive an automated email notification acknowledging the receipt of the submission. If you do not receive an automated email notification within 48 hours of submission, please email Grant.ATM@health.gov.au.</p> <p>For technical assistance when submitting your application through GrantConnect please contact the GrantConnect Helpdesk:</p> <ul style="list-style-type: none">• Phone: 1300 484 145• Email: GrantConnect@finance.gov.au

* Denotes mandatory fields

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1. Before you begin

1.1 Use of information *

Requested Information	Applicant Response
<p>The department may use the information, other than personal information, provided in this Application Form to assist it to:</p> <ul style="list-style-type: none">• Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website• Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program• Inform future assessments for Applications. <p>All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.</p> <p>You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.</p>	Choose an item.

1.2 Checklist *

Requested Information	Applicant Response
<p>Ensure you read the entire grant opportunity package on GrantConnect, including:</p> <ul style="list-style-type: none">• Grant Opportunity Guidelines• Application Form (this document)• Commonwealth Grant Agreement• Frequently Asked Questions• Summary Data Table	Choose an item.
<p>Ensure your organisation meets the eligibility criteria set out in Section 4 of the Grant Opportunity Guidelines.</p>	Choose an item.
<p>Ensure all mandatory fields within this document are completed and the Declaration is signed by an authorised representative.</p>	Choose an item.

2. Applicant Details

2.1 Entity details

Requested Information	Applicant Response
Is the Applicant an existing Grant Recipient? * <i>If 'Yes', provide the Organisation ID as it appears on your Grant Agreement or your Receipt Created Tax Invoice (RCTI) from the department.</i>	Choose an item.
Organisation ID <i>The Organisation ID can be located on your Grant Agreement in the top right-hand corner on the grant details page or on any RCTI provided by the department. The RCTI will list a vendor number as FO1-1J3-29. When inputting the organisation ID to your application, please remove the FO reference, just use the ID (e.g. 1-1J3-29).</i>	
Applicant's legal/registered entity name * <i>Search using the ABN Lookup.</i>	
Applicant's Australian Business Number (ABN) * <i>Search using the ABN Lookup. If not provided, you must provide a reason why.</i>	
Applicant's ABN Branch Number <i>This is limited to 3 digits (if applicable).</i>	
Applicant's legal entity type * <i>Only select one. If you are unsure, please seek professional advice (e.g. from your lawyer or accountant) or refer to the ABN Lookup. Attach Proof of Entity Type when submitting your application.</i>	Choose an item.
Are you applying as a Trustee on behalf of a Trust? * <i>If 'Yes', attach a copy of the full signed Trust Deed when submitting your application.</i>	Choose an item.
Is the Applicant registered as a charity? * <i>Select 'Yes' if the Applicant is registered as a charity with the ACNC.</i>	Choose an item.

Requested Information	Applicant Response
Does the Applicant operate as not-for-profit? * <i>For further details about not-for-profit organisations – see the ATO website.</i>	Choose an item.
Is the Applicant registered for GST? * <i>Search using the ABN Lookup.</i>	Choose an item.
Applicant's financial email address for the receipt of any payment advice *	

2.2 Main business address

Requested Information	Applicant Response
Floor / Building, Unit, Apartment *	
Street number, name and type *	
Suburb/Town *	
State *	
Postcode *	

2.3 Postal address

Requested Information	Applicant Response
What is the Applicant's postal address details? * <i>If 'Different from above', please complete the below details. If 'Same as above', move to the next section.</i>	Choose an item.
Floor / Building, Unit, Apartment	
Street number, name and type	
Suburb/Town	
State	
Postcode	

3. Eligibility Requirements

Requested Information	Applicant Response
Confirm your organisation (or your project partner organisation) is not included on the National Redress Scheme's website on the list of 'Institutions that have not joined or signified their intent to join the Scheme'. *	Choose an item.

Requested Information	Applicant Response
The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.	
Confirm your organisation has an Australian Business Number (ABN). *	Choose an item.
Confirm your organisation is registered for the purposes of GST. *	Choose an item.
Confirm your organisation has an account with an Australian financial institution. *	Choose an item.

3.1 Additional Eligibility Requirements

Applicants must respond to all eligibility requirements below.

Requested Information	Applicant Response
Confirm the Applicant is an Australian higher education provider. *	Choose an item.
Confirm the Applicant is approved to offer Commonwealth Supported Places. *	Choose an item.
Confirm the Applicant offers postgraduate psychology courses which lead to general registration and can lead to the areas of practice endorsement as specified in the Grant Opportunity Guidelines. *	Choose an item.
Confirm the Applicant has met the minimum growth criteria as specified in the Grant Opportunity Guidelines for enrolments in the 2024 academic year. *	Choose an item.

4. Governance

Requested Information	Applicant Response
<p>Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years? *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of relevant person(s)</p> <p><input type="checkbox"/> Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a</p>

Requested Information	Applicant Response
	<p>Creditor Voluntary Administration Liquidation, External Administration, or Receivership</p> <p><input type="checkbox"/> Bankruptcies of relevant person(s)</p> <p><input type="checkbox"/> Bankruptcy proceedings, including part IX Debt Agreement or Part X Insolvency Agreements, against relevant person(s)</p> <p><input type="checkbox"/> Litigation against relevant person(s) including judgement debts</p> <p>OR</p> <p><input type="checkbox"/> None of the above apply and there is no adverse information on any relevant person associate with this entity.</p>
<p>Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years. *</p> <p><i>You must select at least one of the boxes below. You may be contacted to provide more information and documentation in relation to these events.</i></p>	<p><input type="checkbox"/> Governance Investigation of your organisation or related entities</p> <p><input type="checkbox"/> Litigation or liquidation proceedings</p> <p><input type="checkbox"/> A contract with your entity terminated by the other party</p> <p><input type="checkbox"/> Contingent liabilities of a material amount</p> <p><input type="checkbox"/> Overdue tax liabilities</p> <p><input type="checkbox"/> Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.</p> <p><input type="checkbox"/> Any significant change in your entity's financial position not reflected in the financial statements provided.</p> <p><input type="checkbox"/> Any other particulars which are likely to adversely affect your capacity to undertake this project</p> <p>OR</p> <p><input type="checkbox"/> None of the above events apply and there is no adverse information on my entity.</p>
<p>Does the Applicant have documented organisational and financial policies and procedures? *</p> <p><i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i></p>	<p>Choose an item.</p>

Requested Information	Applicant Response
Does the Applicant have a business plan and/or strategic plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Choose an item.
Does the Applicant have a risk management plan? * <i>If 'Yes', you may be required to provide a copy within 7 days, if requested.</i>	Choose an item.

5. Project/Activity Details

Requested Information	Applicant Response
Provide a short title of your Application for this Project/Activity * <i>Maximum 50 words</i>	
Provide a brief Project/Activity description * <i>Maximum 300 words</i>	

6. Financial Details

6.1 Funding amount

Provide a breakdown of the proposed funding amount applied for (GST exclusive) *	
2023/24 FY	Total
\$ M	\$ M

6.2 Bank account details

Requested Information	Applicant Response
BSB number * <i>Must be 6 numbers.</i>	
Account number * <i>Must be 2 to 9 numbers.</i>	
Account name * <i>As it appears on the bank statement. 60-character limit.</i>	

7. Additional Information

7.1 Other sources of funding

Requested Information	Applicant Response
Does the Applicant receive or has applied for funding for the activities that are the subject of this application from any other organisation or government department? * <i>If 'Yes', provide the details below. If 'No' move to the next section.</i>	Choose an item.
Funding source name <i>e.g. Department of Health and Aged Care</i>	
Description/name of the project <i>e.g. Expansion of Health Services</i>	
Amount of funding received or applied for	
Period of funding	

7.2 Fraud/Non-compliance

Requested Information	Applicant Response
Has the Applicant ever been engaged in proceedings associated with fraud or non-compliance in relation to a Grant Agreement entered into with the Department of Health and Aged Care? * <i>The department has advanced controls in place to find fraud and non-compliance and is committed to making sure public funds reach those who really need it. You may be contacted for further information regarding any proceedings associated with fraud or non-compliance.</i>	Choose an item.

8. Attachment/s

Requested Information	Applicant Response
Attachment/s to the Application: * <ul style="list-style-type: none">A Data Summary Table as available on the GrantConnect websiteA letter of endorsement from your organisation's Vice Chancellor or equivalent, andif applying as a trust, a trust deed.	Choose an item.

Requested Information	Applicant Response
<i>If you do not attach the requested documents, your application may not progress further in the process</i>	

9. Applicant Contacts

9.1 Preferred authorised contact

Requested Information	Applicant Response
Title *	
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

9.2 Alternate authorised contact

Requested Information	Applicant Response
Title *	
First name *	
Last name *	
Position *	
Telephone *	
Mobile	
Email address *	

10. Declaration

Requested Information	Applicant Response
Does the Applicant have any conflicts of interest that may occur related to or from submitting this application? * <i>If 'Yes', please provide details in the next response.</i>	Choose an item.

Requested Information	Applicant Response
Detail conflict of interest	
<p>I declare that:</p> <ul style="list-style-type: none"> • The information contained in this form is true and correct. • I have read, understood and agree to abide by the Grant Opportunity Guidelines. • I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful. • I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application be successful. • I have read, understood and agree to information provided in this Application as detailed in the Use of information. • If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information. <p>I give consent to the Department of Health and Aged Care to make public the details of the Applicant and the funding received, should this Application be successful.</p>	
Requested Information	Applicant Response
I understand and agree to the declaration above *	Choose an item.
I acknowledge that giving false or misleading information to the Department of Health and Aged Care is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth). *	Choose an item.
Signature of Authorised Representative * <i>This Declaration must be signed by an authorised representative of the Applicant who is legally empowered to enter into contracts and commitments on behalf of the Applicant.</i>	
Full name of Authorised Officer *	
Position of Authorised Officer *	
Date *	