

Department of Health and Human Services

Community Sector Relations Unit – Grants Management Team

GPO Box 125, Hobart TAS 7001

Telephone: (03) 6166 3589

communitysector.grants@dhhs.tas.gov.au



Organisation Details Form

Create New Organisation

Update Existing Organisation

<input type="checkbox"/>
<input type="checkbox"/>

Organisation Contact Details

Organisation Name:			
Trading Name:			
Main Phone:		Fax:	
Tax Number:		Type:	ABN/ACN (please circle)
GST Registered:	YES/NO (please circle)	ACNC Registered:	YES/NO (please circle)
Incorporated In:	TAS/VIC/NSW/QLD/SA/WA/NT/ACT/Not Applicable (please circle)		
Website:			
Mobile:			
Email:			
Remittance Email:	(if different to email above)		
Postal Address:		Suburb:	
State:		Postcode:	
Street Address:		Suburb:	
State:		Postcode:	

Organisation Bank Details

Bank Name:		Account Name:	
BSB Number:		Account Number:	

Chairperson Contact Details

Name:			
Main Phone:		Mobile:	
Email:			

Chief Executive Officer (CEO) Contact Details

Name:			
Main Phone:		Mobile:	
Email:			

Email the completed and authorised form to communitysector.grants@dhhs.tas.gov.au or alternatively mail the form to Community Sector Relations Unit – Grants Management Team, GPO Box 125, Hobart TAS 7001

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<input type="checkbox"/>

Chief Financial Officer (CFO) Contact Details

Name:			
Main Phone:		Mobile:	
Email:			

Treasurer Contact Details

Name:			
Main Phone:		Mobile:	
Email:			

Quality and Safety Officer Contact Details

Name:			
Main Phone:		Mobile:	
Email:			

Program/Service Co-ordinator Contact Details

Name:		Program:	
Main Phone:		Mobile:	
Email:			

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

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<input type="checkbox"/>

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

Other Contact Details (including Board Members)

Name:			
Position:			
Main Phone:		Mobile:	
Email:			

Create/Update Details Authorisation

Authorised By: (Name and Title)		Date:	
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