

## Applicant information

Full name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Street address: \_\_\_\_\_

Postal address: Tick if same as above  \_\_\_\_\_

Daytime number: \_\_\_\_\_ Please tick one  Voice  SMS

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

Hearing level:  Deaf  Hard of Hearing

Preferred language:  Auslan  Spoken English

How would you like to be contacted?:  Voice  SMS  Email  Post

Please attach a copy of your audiogram/written evidence of your hearing loss

Audiogram attached  Yes

## Training activity

Activity name: \_\_\_\_\_

College/institution (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Daytime number: \_\_\_\_\_

How long is the activity? \_\_\_\_\_ When does the activity start? \_\_\_\_\_

What will you learn from this? \_\_\_\_\_

What benefits will you gain from doing the activity? \_\_\_\_\_

What benefits will flow to the community in Tasmania? \_\_\_\_\_

## Cost of activity

Expenditure - how much will the course cost? (e.g. study fees, books, interpreters, note takers, registration, travel) Please list all items below:

Item A – Cost of activity	Cost
<b>Total cost of activity</b>	<b>\$</b>

**(item A)**

Sources of other financial assistance (e.g. other organisations, governments, in kind)

Please list funding below:

Item B – Funding from other sources	Cost
<b>Total financial assistance</b>	<b>\$</b>

**(item B)**

Item C – Own resources	Cost
How much will you contribute from your own funds?	\$

**(item C)**

How much will you raise from other means? Please provide details below:

Item D - Other means	Cost
<b>Total other means</b>	<b>\$</b>

**(item D)**

Summary of expenses (from above):

Item A – cost of activity	\$
Item B – funding from other sources	\$
Item C – own resource contribution	\$
Item D – other means of funding	\$
<b>Total</b>	<b>\$</b>
<b>Amount of funding sought from the James Beams Fellowship Fund</b>	<b>\$</b>

## Additional documents

At least 1 referee is required. Please complete the Referee Form and include it with your application. Please list each additional page or document forming part of this application:

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## Past Fellowship

Have you previously been awarded a James Beams Fellowship Fund? Yes  No

If Yes - Year the grant was received: \_\_\_\_\_

Amount of grant: \$ \_\_\_\_\_

Activity name: \_\_\_\_\_

College/institution/conference/camp: \_\_\_\_\_

## Declaration

I declare that I understand and will abide by the conditions of the James Beams Fellowship Fund and that the information provided on this application form is correct.

I have attached a referee form and proof of enrolment and academic transcript (if applicable) supporting my application.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form to:

Expression Australia (Tasmania)  
previously Tasdeaf  
139 New Town Road | New Town | Tas | 7008  
[infotas@expression.com.au](mailto:infotas@expression.com.au)



<b>FOR OFFICE USE ONLY</b>	
<b>Date received:</b>	
<b>Approved amount:</b>	\$