



**AUSPICE APPLICATION FORM**

**Name of Group:** \_\_\_\_\_

**Name of Project/s  
(if applicable):** \_\_\_\_\_

**Contact Person**

**Name:** \_\_\_\_\_

**Position in Group:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Postal Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Why do you wish the MNC to auspice your group?**

**Do you have your own Public Liability insurance or any other insurance? Yes / No**  
(If so, please attach a copy of the policy or policies to this application)

**Do you want to be covered by the MNC Public Liability and other insurances? Yes / No**

**About the Group**

History

Purpose/Objects/Goals



Usual Activities

Management Structure  
(provide copy of rules, terms of reference or constitution)

Committee  
(provide name and contact details for a minimum of two committee members)

**About the Project/s (if applicable)**

Purpose/Aim/Goal

Activities

Geographical Reach

Likely Budget/Resources Required

Possible Funding Sources



**Maldon  
Neighbourhood  
Centre Inc**  
Friendship & Learning

Duration of Project

Potential/Actual Conflicts of Interest between MNC and the Group

\*Potential risks in the group's activities and how these will be minimised

**\*Please attach a Risk Assessment to this application**