WA Bike Month unfunded event registration

* indicates a required field

Thank you for your interest in WA Bike Month.

By completing this form, you will help us understand how many organisations are involved in WA Bike Month, Western Australia's annual celebration of bike riding.

You can participate in WA Bike Month by applying for a grant or registering an unfunded event. Use this form to register an unfunded WA Bike Month event. Please visit <u>WA Bike Month</u> to apply for a WA Bike Month Grant. You are required to complete this form for each event you wish to register. Recurring events should be registered in one application form.

Where appropriate, we will add your event to our events calendar on the <u>WA Bike Month</u> website which will help spread the word about your event.

This unfunded event registration form will close on Friday, 6 September 2024 at 5:00 pm.

If you have any questions, please read the visit the <u>WA Bike Month</u> website or contact WestCycle's WA Bike Month team at (08) 6336 9688 or info@westcycle.org.au.

WA Bike Month objectives

- 1. Promote and encourage bike riding for transport, fun and for a healthier lifestyle.
- 2.Increase awareness and use of new and existing bike infrastructure, bike routes (i.e. the cycle network), and local facilities you can get to by bike.
- 3. Encourage new, novice and rusty riders of all ages and abilities to go for a bike ride.

Confirmation of eligibility

I confirm that the applicant ...

- has read and understood the WA Bike Month 2024 objectives.
- can demonstrate alignment between the WA Bike Month objectives and their event.
- is a representative of local government authorities, a school, workplace, tertiary education institutions, parents and citizens' associations, community groups, bike groups, and or not-for-profit organisations.
- is not an individual, political organisation, or State Government agency.
- is located in Western Australia.
- has current event public liability insurance with a minimum cover of \$5million.

P	lease	Sel	ect	hel	low:	*

○ Yes ○ No

You must confirm that all statements above are true and correct before progressing with this application.

Contact details

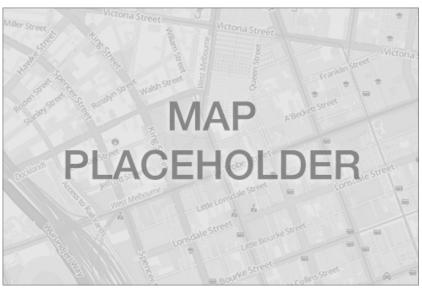
* indicates a required field

Privacy notice

We will uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012.*

Applicant type

Are you registering ○ Individual	Organisation	ividual or on behalf o	f an organisation? *
Organisation Name	Organisation		
J			
First Name	Last Name		
riist Name	Last Name		
		ull name. Make sure you p th the ABR, ACNC or ATO.	provide the same name that
Individual applica	ant notice		
Please note that indivi Bike Month unfunded		organisation, are not a	ble to register for a WA
About your orgar	nisation		
Department/Branch	/Faculty		
Use this field only if relev	vant.		
Organisation addres Address	5S *		



12 [8	■ Box	the Street	A =
Organisation postal Address			
Organisation websit	e *		
Must be a URL.			
Organisation primar	y phone nu	ımber *	
Must be an Australian ph	one number.		
Organisation email a	address *		
Must be an email address	S.		
Applicant contact	details		
Applicant contact de			
First Name	Last Name		
Position held in orga	anisation *		
Applicant contact nu	ımber *		
Must be an Australian ph	one number.		

Applicant email address *			
Must be an email address.			
Event contact			
Are you the main contact person for this event? * O Yes			
 No - Please advise who will be the event contact. Is the applicant the main contact person? 			
Event manager contact details			
This information will help answer any queries from attendees.			
Primary Contact Details * First Name Last Name			
This is the person we will correspond with about this event.			
Position held in organisation. *			
e.g., Manager, Board Member or Fundraising Coordinator.			
Event manager contact number *			
Must be an Australian phone number.			
Event manager email address *			
This is the email we will use to correspond with you about this event.			
Organisation datails			

Organisation details

* indicates a required field

Type of organisation *

- Local government

- Workplace
 School
 Tertiary education institution
- Not-for-profit organisation
- Community group
- Bike group

Does your organisation have current public liability insurance? *

○ Yes	○ No
Please note	
Please note that your organisation must least \$5million to register an unfunded	st have current event public liability insurance of at l event.
Public liability insurance	
How much is your public liability c \$ Must be a dollar amount and at least 5000	
Please upload your certificate of c Attach a file:	urrency. *
Event details and objectives	
* indicates a required field	
Event name	
What is your event name? *	
, and a second a second and a second a second and a second a second a second and a second a second a second a second and a second a s	
Event date *	
Must be a date.	
Recurring event dates (if applicab	le)
Must be a date and between 1/10/2024 and	d 31/10/2024.
Recurring event dates (if applicab	le)
Must be a date and between 1/10/2024 and	d 31/10/2024.
Recurring event dates (if applicab	le)
Must be a date and between 1/10/2024 and	d 31/10/2024.
Event time(s) *	

Please use 12-hour clock format (PM or AM)
Event location * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Please provide an event description. *
Word count: Must be between 20 and 400 words. What can attendees expect? What activities will you have?
Attendee type
Is your event a private or public? * O Public O Private
WA Bike Month webpage
Would you like to have your event list on the WA Bike Month event webpage? * O Yes O No Listing your event on the WA Bike Month webpage may encourage more people to attend your event. We can also co-host your Facebook events to promote your event.
Event details
* indicates a required field
WA Bike Month objectives
Which WA Bike Month objectives will your event seek to achieve? * ☐ Promote and encourage bike riding for transport, fun and for a healthier lifestyle. ☐ Increase awareness and use of new and existing bike infrastructure, bike routes (i.e., the cycle network), and local facilities that you can get to by bike. ☐ Encourage new, novice and rusty riders of all ages and abilities to go for a bike ride. At least 1 choice must be selected.
For each objective you selected, please describe how your event will aim to achieve it. *
Word count: Must be between 20 and 250 words.

Please describe your plan to promote attendance at the proposed event. *
Word count: Must be between 20 and 250 words. Which channels will you use to promote your event? How will you ensure that your event is well-attended?
Declaration
* indicates a required field
Certification
I certify that to the best of my knowledge, the statements made within this registration are true and correct.
I agree * O Yes O No
Applicant feedback
Thank you for taking the time to complete this form. Please take a few moments to provide some feedback.
Please indicate how you found the online application process: * ○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult
Provide us with suggestions about improvements to the application process/form for us to consider. *