

ORGANISATION REGISTRATION FORM

CONTACT DETAILS

Organisation Name

Address

Suburb

Primary Contact Name Phone Number

Email

Preferred Method of Contact Phone Email

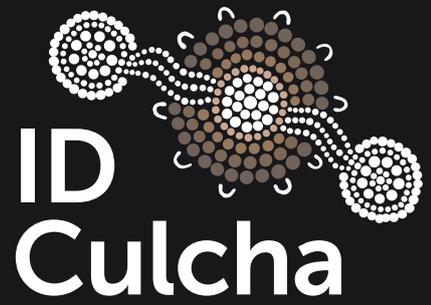
ORGANISATION DETAILS

Organisation Type Government Public Company Private Company
 Other (please explain) _____

In a few words, tell us what your organisation does?

ELIGIBILITY SCREENING

What challenges are your organisation or community facing and how are you hoping ID Culcha can help?



Do you have a specific role(s) to promote Indigenous employment/engagement?

Yes

No

If Yes, briefly describe the role(s) below including tasks, responsibilities and time commitment required.

How will this role contribute to community reinvestment and/or community growth?

Date

Signature