SWTAFE Activities Request

The Activities Team can provide resources and services for student groups to run their own events. These can include clubs, fund raisers, social events or sporting activities.

Activities requests will be reviewed be the SWTAFE Student Activities Team during their team meetings. Requests are authorised by the Department Manager Janene O'Connor and key stake holders as appropriate.

Requests are approved depending on several key elements;

- Equity
- Value for money
- Time and resource restrictions such as staffing
- Range of input from students

Please note: Requests **must be** submitted before **end of term** to be deemed eligible for consideration for the next term's budget and itinerary. Activities Officers are happy to assist in filling out this form or giving advice regarding activity requests.

Requested by *i.e. student, staff, class group*	
Contact person	Name Phone # Email
Location, date and time the activity is required	Date Time Location
Estimate of financial support required *i.e. prizes, movie tickets, food, drinks*	
Staff required *i.e. Activities Team members*	
Equipment/resources required	❑barbecue & gas bottle ❑ PA system ❑cooking utensils ❑trestle tables ❑Food (please estimate amount or per head) ❑Pizza Vouchers ❑Movie tickets ❑Other……
Publicity materials *N.B. Deadlines* *for marketing material* ***must*** *be received* ***no later than two weeks*** *prior to the event.*	❑Advertisement in *Missing Link* ❑ Fliers ❑Posters ❑Handouts ❑ Activities ❑Website ❑Other……. …….

Please give an outline of the activity/service you are requesting *i.e. dates, times (including setting up time allocations), venue, who will be involved, etc. Attach further documentation to this form if required.*

Please explain how this activity/service will benefit other SWTAFE students or your class group.

I agree that these details are a correct an estimate and true at time of application. In the event that I cannot continue with the activity under the agreed terms and conditions I will notify the Activities Team as soon as possible. Failure to do so will result in the activity being cancelled.

Student/staff signature X **Date**

[1]**Approved by team**	**Yes**	**No**	**Date**
Department Manager Authorisation	**Yes**	**No**	**Date**
Notes			