

24/25 Createability Host Organisation Form Preview

Eligibility

* indicates a required field

Eligibility Questions

To check if your organisation/LGA is eligible for the **24/25 Createability Host Organisation** complete the questions below:

What are you applying as: *

- Arts, Screen, Sound or Cultural organisation located in NSW
- Local Government Authority located in NSW
- None of the above

Does your organisation have a clearly defined focus on arts, screen, sound or cultural activities that directly benefits NSW artists, arts and cultural workers and/or NSW communities through arts, screen, sound or cultural led activities? *

- Yes
- No

Unable to continue

Based on your response to the above eligibility question, you are unable to continue. Refer to the guidelines for more details.

Create NSW staff are here to help you and can be contacted between 9am and 5pm Monday to Friday (excluding public holidays) via:

- Telephone: (02) 9228 4578
- Scheduling an online meeting to speak to Create NSW staff using the link to [Microsoft Bookings](#)
- Email: arts.funding@create.nsw.gov.au

Eligibility Confirmation

Please declare that this application meets the eligibility criteria:

I confirm that I have read the guidelines and that the information supporting my eligibility is accurate. *

- Yes

Organisation Contact Details

* indicates a required field

Organisation Details

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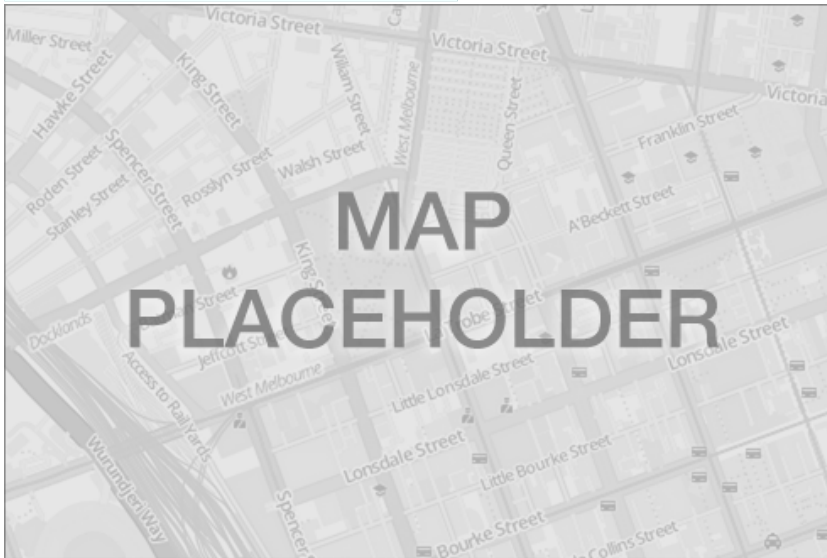
Organisation Name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Primary Address

Address



Postal Address

Address

Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Other Phone Number

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Email Address *

Must be an email address.

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Website

Must be a URL.

Does the applicant organisation have an Australian Business Number (ABN)? *

Yes No

ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

If your application is successful, prior to contracting, your organisation will be required to provide:

- An ABN which matches your entity name.
- A bank account that has the same name as your ABN.

Primary Contact Details

Primary Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

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Primary Contact Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Primary Contact Email *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Head of Organisation

Must be the **Chair, President** (Arts Organisation), **General Manager** or equivalent (Local Council).

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Business Unit Contact Information

Complete these details for the LGA Business Unit.

Name of Business Unit *

Organisation Name

Business Unit Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Business Unit Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

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Business Unit Phone Number *

Must be an Australian phone number.

Business Unit Email *

Must be an email address.

Business Unit Website

Must be a URL.

Business Unit Contact Person

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

About your Organisation

Is your organisation a NSW First Nations organisation? *

Yes No

For a definition of this please see the [glossary](#).

Are you applying as a Service Organisation? *

Yes No

Service Organisations provide specialist advocacy, capacity building, communications and support to their communities and industry.

Application Details

* indicates a required field

Internship Information Instructions

Total amount Requested: Please enter '\$5,600'.

Title: Please enter '24/25 Createability Internship Host Organisation'.

Brief Description: Please enter 'The program is for arts, screen, sound and cultural organisations applying to be a host organisation for the Createability Internship program'.

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Anticipated Start/End Dates: Internships can take place between **07/04/2025** and **31/12/2025**. Final dates for internships will be negotiated with Create NSW, organisations and the intern.

Primary location of your initiative: Please enter the location where the interns will be participating in their internship.

Total Amount Requested

*

\$

What is the total financial support you are requesting under this grant?

Incorrect Total Amount Requested

The amount listed in the "Total Amount Requested" section is not \$5,600.

Please update this section to reflect the correct amount of \$5,600.

Title *

Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

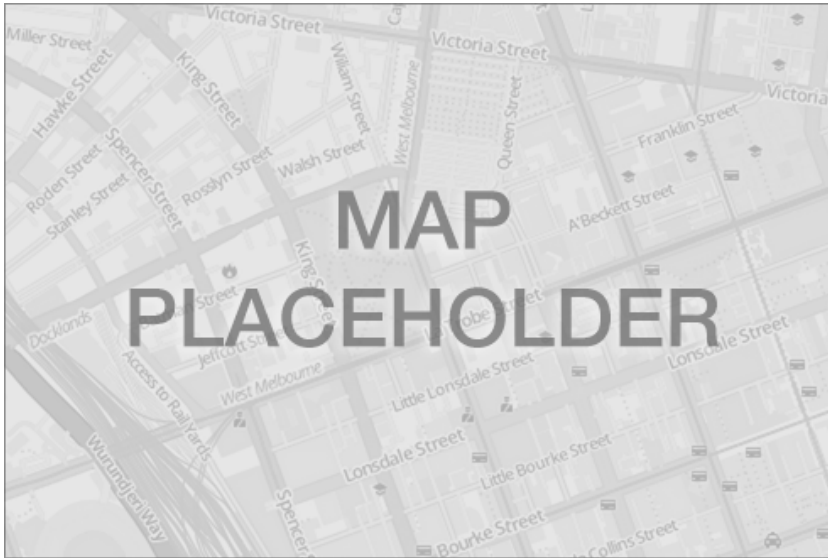
Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address

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Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Incorrect Start or End Date

You have indicated above that your internship opportunity starts **before 07/04/2025** or ends **after 31/12/2025**. Please update the details to ensure your dates fit within the eligible timeframe.

If changes are not made, you may be deemed ineligible for this program.

Assessment Criteria

* indicates a required field

Idea

Why are you applying and what do you hope to get out of the program? *

Word count:

Must be no more than 300 words.

What can your organisation offer an intern? *

Word count:

Must be no more than 300 words.

Experience

What level of experience does your organisation have in relation to access and inclusion, and in hosting internships? *

Word count:

Must be no more than 300 words.

Sustainability

What level and type of support do you anticipate being able to provide to a Createability intern? What sort of support may you need from Create NSW? *

Word count:

Must be no more than 300 words.

Do you have any specific information about access requirements for your premises and workplace? *

Word count:

Must be no more than 300 words.

This may include information about wheelchair access, technical adjustments to technology or equipment, low sensory environments etc.

Alignment

What skills and experience should the intern have to get the most out of your workplace opportunity? *

Word count:

Must be no more than 300 words.

Internship Opportunity

Please describe the type of work you are offering and the type of person you are seeking. This information will be used to promote your organisation's internship opportunity.

- Description of your organisation
- Title of internship role
- Role description

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- Key duties
- Level of experience preferred

A maximum of two internship opportunities are able to be listed for interns to choose from.

Description of your organisation	Title of internship role	Role description	Key duties	Level of experience preferred
Must be no more than 100 words.	Must be no more than 5 words.	Must be no more than 50 words.	Must be no more than 100 words.	Must be no more than 50 words.

Declaration and Authorisation

* indicates a required field

Create NSW updates

These updates will be about other grant opportunities, initiatives or events.

Do you wish to receive updates from Create NSW? *

Yes No

Your response will not affect your application.

First time applicant

Has your organisation applied for a previous Create NSW grant? *

Yes No

Your response will not affect your application.

Disclaimer

The applicant acknowledges and agrees that:

- Changes to the application and any additional materials cannot be submitted after the advertised closing date and time.
- Create NSW has the right to investigate any information provided in this application and/or to request for additional information.
- Create NSW may re-open an application after the closing date, provided it doesn't give the applicant an advantage over other applicants.
- Create NSW staff are not able to provide advice on project details, content or choices required within the application.

Privacy Notice

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By submitting this application form, the applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the project will be handled in accordance with the Privacy Act and its privacy policy (available [here](#));
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information and has been made aware of the purposes for which it has been collected and may be used.

Use of Information

The applicant acknowledges and agrees that:

- Subject to privacy legislation and **if successful**, the information provided in the application will be used for media and communication purposes by Create NSW and/or the NSW Government.

Declaration

Before you can complete and submit this application, you must accept the following conditions by declaring:

- I have the authority to complete and submit this application.
- All information supplied as part of this application will be true and accurate to the best of my knowledge.
- All activities proposed within this application will be conducted in accordance with current legislation, including but not limited to, complying with Working with Children legislation.
- Funding will not be released if the applicant has outstanding acquittals for other programs/projects across Create NSW (including Screen NSW and Sound NSW).
- Create NSW has the right to withdraw any offer of funding or demand the return of funds already paid if my declaration is found to be incorrect or misleading.
- If successful, I will provide an active ABN and a bank account that has the same name as the ABN.
- I will provide additional information if requested by Create NSW.

Authorisation

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I agree *

Yes

Name of authorised person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.