Registration Form & Travel Subsidy Form

Building Business & Governance Capability in NT Clubs

INSTRUCTIONS

Please complete this form and return to sarah@hospitalitynt.com.au by **January 6th 2027.**

This form is required for all attendees. Information collected will be used to manage workshop logistics, travel subsidies, catering, and reporting requirements under the funding agreement.

Section A: Workshop selection

Please indicate which workshop you will be attending:

☐ **Darwin** – Palmerston Golf & Country Club Function Room, Thursday, 11 February 2027
☐ **Alice Springs** – Ellery Room, Alice Springs Convention Centre, Tuesday, 23 February 2027

Session times and venue details will be confirmed upon registration.

Section B: Participant details

Field	COMMITTEE MEMBERS DETAILS
Full Name	
Position/Role	☐ President ☐ Vice President ☐ Treasurer ☐ Secretary ☐ Public Officer ☐ Committee Member
Club Name	
Club Address	
Email Address	
Mobile Number	

Field	CLUB MANAGER/STAFF DETAILS
Full Name	
Position/Role	☐ General Manager ☐ Assistant Manager ☐ Duty Manager ☐ Bar Manager ☐ Other: _____
Club Name	
Club Address	
Email Address	
Mobile Number	

Section C: Club information

Field	Details
Is your club a current ClubsNT member?	☐ Yes ☐ No
Is your club a licensed community club in the NT?	☐ Yes ☐ No
Number of committee members at your club	
Number of paid staff at your club	

Section D: Travel subsidy

Are you applying for a travel subsidy? ☐ Yes ☐ No

If yes, please complete the separate Travel Subsidy Form (Form 2) and attach it to this registration.

If you are not applying for a subsidy, please indicate how you will be travelling to the workshop:

☐ I live locally – no travel required
☐ Self-funded travel
☐ Other: _____

Section E: Dietary requirements

Please indicate any dietary requirements:

☐ No dietary requirements
☐ Vegetarian

☐ Vegan
☐ Gluten-free
☐ Dairy-free
☐ Other (please specify): _____

Section F: Accessibility requirements

Do you require any accessibility accommodations to participate fully in the workshop?

☐ No
☐ Yes (please specify): _____

Section G: Pre-workshop survey

To help us tailor the workshop to participant needs, please answer the following:

1. How would you rate your current understanding of director/committee roles and responsibilities?

☐ Very limited ☐ Limited ☐ Moderate ☐ Good ☐ Very good

2. How would you rate your current understanding of financial oversight obligations for clubs?

☐ Very limited ☐ Limited ☐ Moderate ☐ Good ☐ Very good

3. What are the top 2–3 governance or financial management challenges facing your club?

---

4. What do you hope to gain from attending this workshop?

Section H: Declaration

I confirm that:

- The information provided in this form is true and correct.
- I understand that my contact details will be used for workshop communications and reporting purposes.
- I consent to my de-identified information being used in project evaluation and reporting to the NT Government.

Signature: _____

Date: ____ / ____ / _____

Name (print): _____

Submission

Please return this completed form to:

Email:
sarah@hospitalitynt.com.au

For enquiries, contact:
Sarah Andrews, Hospitality NT, Ph: 0449 500 751

Matt Hewer, Clubs NT President, Email: admin@clubsnt.net.au or Ph:

This project is delivered by ClubsNT with funding support from the Northern Territory Government.

Form 2: Travel Subsidy Application Form

Building Business & Governance Capability in NT Clubs

INSTRUCTIONS

Please complete this form and attach it to your Participant Registration Form (Form 1).

Travel subsidies are available to support committee members and managers from regional and remote clubs to attend the Darwin or Alice Springs workshops. Subsidies are allocated on a **first-come, first-served basis** and are subject to available funding. Subsidy amounts are estimates only and will be finalised based on actual travel costs and demand. ClubsNT will administer the subsidy allocation and may adjust amounts to ensure equitable access across all regions.

Section A: Participant details

Field	Details
Full Name	
Position/Role	
Club Name	
Club Location	
Email Address	
Mobile Number	
Workshop Attending	☐ Darwin (11 Feb 2027) ☐ Alice Springs (23 Feb 2027)

Section B: Travel details

1. Usual place of residence: _____

2. Nearest major town/city to your club: _____

3. Approximate distance to workshop location (km): _____

4. Proposed travel method:

☐ Air travel
☐ Road travel (own vehicle)

☐ Road travel (hire vehicle)
☐ Other: _____

5. Do you require accommodation? ☐ Yes ☐ No

If yes, how many nights? _____

6. Will you be travelling with any other attendees from your club? ☐ Yes ☐ No

If yes, please list names: _____

Section C: Subsidy request

Please indicate the estimated costs you are seeking subsidy for:

Expense Category	Estimated Cost ($)
Airfare / transport	$
Accommodation	$
Ground transport (e.g., airport transfers, taxi, mileage)	$
TOTAL ESTIMATED COST	**$**

Section D: Subsidy eligibility

To be eligible for a travel subsidy, applicants must:

☐ Be a registered attendee of the Darwin or Alice Springs workshop
☐ Be a committee member or manager of a licensed NT community club
☐ Reside outside the workshop location (i.e., require travel to attend)
☐ Complete and submit this form with the Participant Registration Form

Please confirm you meet the above criteria: ☐ Yes, I confirm

Section E: Payment details

Subsidy payments will be processed after the workshop, subject to attendance confirmation and receipt of valid tax invoices/receipts.

Preferred payment method:

☐ Electronic funds transfer (EFT) – please provide bank details below
☐ Cheque
☐ Other: _____

Bank Details (if EFT)
Account Name
BSB
Account Number
Financial Institution

Note: *Original receipts/tax invoices must be provided for reimbursement. Subsidies may be paid in advance or reimbursed post-workshop at ClubsNT's discretion.*

Section F: Declaration

I confirm that:

- The information provided in this form is true and correct.
- I will notify ClubsNT immediately if my travel plans change.
- I understand that the subsidy amount is an estimate only and will be finalised based on actual costs and demand.
- I agree to provide receipts and documentation as required for acquittal purposes.
- I understand that failure to attend the workshop may result in the subsidy being withdrawn or recovered.

Signature: _____

Date: ____ / ____ / _____

Name (print): _____

Section G: Office use only

Field	Details
Date received	
Registration form attached	☐ Yes ☐ No
Subsidy approved	☐ Yes ☐ No
Approved amount	$