



Connectivity Traumatic Brain Injury Australia
Sarich Neuroscience Research Institute
3/8 Verdun St, Nedlands, WA 6009
ABN: 55 639 628 701

Connectivity Traumatic Brain Injury Australia Local Area Network Support

Connectivity Traumatic Brain Injury Australia (Connectivity) is an Australia-wide not-for-profit organisation working to raise awareness of concussion and traumatic brain injury (TBI) in the community. Connectivity is the only organisation in Australia working to bring together all stakeholders in TBI by linking researchers, clinicians, and individuals with lived experience, their families, and carers.

In line with Connectivity's mission, Connectivity offers information technology (IT) support and small grants to support the development and work of Australian Local Area Networks with a special interest in TBI.

Connectivity is offering support to TBI Local Area Networks through the following ways:

- IT support to assist with the Local Area Network's general operations in the form of a webpage and private portal hosted on the Connectivity website
- Funding valued at \$500 AUD per annum to help support general operations
- Local Area Networks may also apply for additional funding to the value of \$2,000 AUD per annum for specific initiatives that align with any of Connectivity's strategic objectives (e.g., symposia, guest speakers, travel support for students affiliated with the Local Area Network that are enrolled in an Australian Higher Education institution). Applications for this additional funding are assessed on a case-by-case basis.

TBI Local Area Network Support Applications can be submitted at any time. Refer to the Terms and Conditions for additional information. Please ensure all sections of the application form are completed. Incomplete application forms will be returned for further information. Queries about Connectivity Local Area Network Support Applications can be emailed to connect@connectivity.org.au.



Application Form

Please complete the following to apply for Connectivity's Local Area Network Support.

LOCAL AREA NETWORK DETAILS

Name (or working title) of Local Area Network

Address (if applicable)

Phone

Email

Does your network operate on a not-for-profit basis?

- ☐ Yes
☐ No

Please indicate the type of Local Area Network Support you are applying for (*select all that apply*)

- ☐ IT Support (i.e., webpage and/or private portal hosted on Connectivity website)
☐ General Operational Support (\$500 AUD)
☐ Additional funding for specific project/initiative (up to \$2,000 AUD)

CONTACT DETAILS

Please provide details of the coordinating individual (the Recipient) for the network.

Name

Phone

Email

ABOUT YOUR LOCAL AREA NETWORK

Tell us a little about your Local Area Network and what it hopes to achieve.

What is your Local Area Network's purpose/mission/vision?

What are the core activities of your Local Area Network?

Who are the planned and/or existing members of your Local Area Network? Tick all that apply.

- ☐ Allied Health Professionals (e.g. physiotherapists, occupational therapists, speech therapists, psychologists)
- ☐ Education professionals (e.g. teachers, principals)
- ☐ Social support workers
- ☐ Sporting professionals
- ☐ Medical professionals (e.g. doctors, nurses, first aid personnel)
- ☐ Researchers
- ☐ Representatives of support organisations
- ☐ Individuals with lived experience of TBI
- ☐ Other (please specify)_____

Where does your Local Area Network meet or plan to meet?

- ☐ In person
- ☐ Online

How often does your Local Area Network meet or plan to meet?

- ☐ Monthly
- ☐ Quarterly
- ☐ Yearly
- ☐ Per needs basis

ADDITIONAL FUNDING

If you are seeking additional funding from Connectivity (to the value of \$2,000 AUD per annum), please provide details of the proposed activity and explain how it aligns with Connectivity's strategic objectives (500 words max). Refer to the *Local Area Network Support Terms and Conditions* for further information.

BANK DETAILS

Please provide the details of your primary operating bank account.

Name of Account

Name of Banking Institution

BSB

Account number

ACKNOWLEDGEMENT

I acknowledge that I have sighted and agree to the Terms and Conditions for this application, and state that all information provided in this application form is accurate.

Name

Position

Signature

Date

SUBMISSION

Please email your completed application to:

connect@connectivity.org.au

Attention: Local Area Network Support Application