

Disaster Relief- Hardship Form Preview

Applicants- please note

* indicates a required field

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The Disaster recovery pilot program has been established under the Community Support Program to support individuals who have been affected from the fire and floods in 2026.

Applicants must have been directly impacted by declared major disaster, including but not limited to, bushfires, floods, severe storms or other community disasters.

Applicants will be assessed on all information provided, and a request may be made to provide more evidence/clarification on your situation. Every application must contain true and accurate information.

Please note, a support letter from your Club, Association or League is required to confirm how you have been personally affected by the disaster.

If applying for membership, applicants must submit either an invoice for outstanding membership or club fees, or proof of payment where membership or club fees have already been paid.

Applications will be assessed by the Netball Victoria staff assessment panel. Approvals will also be subject to an annual budget until the funds are exhausted.

Your information is kept in accordance with our privacy policy which can be found on our website [Privacy Policy | Netball Victoria](#)

Please view the [Terms and Conditions](#), and [Guidelines](#).

If you have any questions in regard to these eligibility criteria, please contact **nvcommunitysupport@netballvic.com.au**

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines, terms and conditions
- you must be affiliated with a recognised club, association or league.
- you have been affected by a major disaster (i.e- bushfire, flood, storm, or other declared community disaster).
- you will need to supply a support letter
- you can demonstrate the capacity to expend the funds within a 6-12 month period.
- you must have an Australian bank account.

You must confirm that all statements above are true and correct. *

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Yes

Applicant Information

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to [Privacy Policy | Netball Victoria](#)

Project Title

Must be no more than 250 characters.

Are you applying on behalf of someone else?

- Yes
 No

Applicant Details

Applicant *

- Individual Organisation

Organisation Name

Title First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Affiliate Position *

Email *

Must be an email address.

Affiliate Details

Applicant *

Title First Name Last Name

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

Phone number *

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Must be an Australian phone number.

Address *

Address

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

Applicant primary email address *

This is the address we will use to correspond with you about this grant.

Further information

* indicates a required field

Applicant Netball Victoria Membership Number

Applicant Association or League *

Applicant Netball Club

Do you identify with any of the following?

- Aboriginal or Torres Strait Islander
- Culturally & Linguistically Diverse (CaLD)
- Person with a Disability
- No

More information

Total Amount Requested

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Please provide details on how the applicant is experiencing hardship due to the impact of a major disaster. *

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What will the requested funds be used for? *

- Netball Victoria Membership
- Club Fees
- Uniform
- Other

At least 1 choice must be selected.

If other, please elaborate

Support letter from club, affiliate to confirm hardship resulted from the disaster.

Attach a file:

Copy of invoice or payment receipt for membership and/or club fees.

Attach a file:

Certification

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

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, trustee or appropriately authorised volunteer

Email *

Must be an email address.

Phone number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

Position *

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

