



Eligibility

*indicates a required field.

Applicant Please Note :

In this section we are asking you to check your eligibility to become a Local Drug Action Team.

Lead Organisation Details

Name (legal name) of your lead organisation *

ABN of your lead organisation *

Lookup

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.

Address of your lead organisation *

Address

Suburb

State

Postcode

Must be an Australian postcode.

Key contact name for your lead organisation *

Title

First Name

Last Name

Key Contact Primary Phone Number *

Must be an Australian phone number.

Key Contact Primary Email *

Must be an email address.

Mission or purpose of organisation

Is your organisation identified as an Aboriginal or Torres Strait Islander organisation? *

Yes

No

Clear

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation

What type of organisation are you? *

Other

Does the lead organisation agree to auspice the LDAT and administer any grant that may be awarded by the LDAT program? *

Yes

Clear

Partner Organisation Details

You must have at least two other organisations

Name (legal name) of your first partner organisation *

ABN of your first partner organisation

Lookup

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.

Contact name for your first partner organisation *

Title First Name Last Name

First Partner Contact Primary Phone Number *

Must be an Australian phone number.

First Partner Contact Primary Email *

Must be an email address.

Mission or purpose of first partner organisation *

First Partner - type of organisation *

Other

Is the first partner organisation identified as an Aboriginal or Torres Strait Islander organisation? *

Yes

No

[Clear](#)

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation, assemblies, alliances or volunteer organisations (lead organisations need to be incorporated)

Name (legal name) of your second partner organisation *

ABN of your second partner organisation

Lookup

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.

Contact name for your second partner organisation *

Title First Name Last Name

Second Partner Contact Primary Phone Number *

Must be an Australian phone number.

Second Partner Contact Primary Email *

Must be an email address.

Mission or purpose of second partner organisation *

Second Partner - type of organisation *

Other

Is the second partner organisation identified as an Aboriginal or Torres Strait Islander organisation? *

- Yes
- No

Clear

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation, assemblies, alliances or volunteer organisations (lead organisations need to be incorporated)

Do you wish to add third partner organisation details?

- Yes
- Clear

Add a Third Partner Organisation (Not Applicable)

This section has been disabled because of your response to question: "Do you wish to add third partner organisation details?" on page 1

Name (legal name) of your third partner organisation

ABN of your third partner organisation

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.

Contact name for your third partner organisation

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

Third Partner Contact Primary Phone Number

Must be an Australian phone number.

Third Partner Primary Contact Primary Email

Must be an email address.

Mission or Purpose of third organisation

What type of organisation are you?

Other

Is the third partner organisation identified as an Aboriginal or Torres Strait Islander organisation? *

- Yes
- No

Clear

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation, assemblies, alliances or volunteer organisations (lead organisations need to be incorporated)

Do you wish to add a fourth partner organisation details?

- Yes
- Clear

Add a Fourth Partner Organisation (Not Applicable)

This section has been disabled because of your response to question: "Do you wish to add a fourth partner organisation details?" on page 1

Name (legal name) of your fourth partner organisation

ABN of the Fourth Partner Organisation

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.

Fourth Partner Primary Contact

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

Fourth Partner Primary Contact Primary Phone Number

Must be an Australian phone number.

Fourth Partner Primary Contact Primary Email

Must be an email address.

Mission or Purpose of Fourth Partner Organisation

What type of organisation are you?

Other

Is the fourth partner organisation identified as an Aboriginal or Torres Strait Islander organisation? *

- Yes
- No
- Clear

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation, assemblies, alliances or volunteer organisations (lead organisations need to be incorporated)

Do you wish to add a fifth partner organisation details?

- Yes
- Clear

Add a Fifth Partner Organisation (Not Applicable)

This section has been disabled because of your response to question: "Do you wish to add a fifth partner organisation details?" on page 1

Name (legal name) of your fifth partner organisation

ABN of the Fifth Partner Organisation

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)

Information from the Australian Business Register DGR Endorsed ATO Charity Type More information ACNC Registration Tax Concessions Main business location

Must be an ABN.

Fifth Partner Primary Contact

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

Fifth Partner Primary Contact Primary Phone Number

Must be an Australian phone number.

Fifth Primary Contact Primary Email

Must be an email address.

Mission or Purpose of the Fifth Organisation

What type of organisation are you?

Other

Is the fifth partner organisation identified as an Aboriginal or Torres Strait Islander organisation? *

Yes

No

[Clear](#)

Includes Aboriginal and Torres Strait Islander organisations legally incorporated under Australian, state and territory legislation, assemblies, alliances or volunteer organisations (lead organisations need to be incorporated)

What is the purpose or mission of your group

*

Must be no more than 50 characters.

Community demographics

Select which applies to your local community *

- Above average levels of unemployment
- Geographical remoteness
- Regional centre
- Indigenous community
- Areas of current or future population growth
- Social disadvantage
- Data indicating high levels of alcohol and other drug harms
- A priority population group for alcohol and other drug prevention work

[Clear](#)

At least 1 choice must be selected. You can find demographic data for your community here : <http://adf.org.au/community/our-programs/local-drug-action-teams/resources/>

For those you have selected provide the data that supports this. *

Must be no more than 200 characters. You can find demographic data for your community here : <http://adf.org.au/community/our-programs/local-drug-action-teams/resources/>

Purpose and values of your group

The purpose and values of your group and your individual organisations need to be consistent with those required to successfully engage in the LDAT program.

Tick those which apply to your group and organisations *

- Work collaboratively as a group to prevent alcohol and other drug harms in local communities
- Commitment from the leaders (e.g., CEO, Indigenous Elders, Board) of your organisations to your organisations' participation in the LDAT program
- Promote social inclusion and not intentionally seek to exclude sectors of the community
- Committed to a process of community consultation
- Seek to create community-owned culture of alcohol and other drug prevention that is locally relevant
- Work using evidence-informed approaches
- Regularly reviews its programs and services
- Delivers cost effective programs that provide value for money

Clear

At least 1 choice must be selected.

Readiness

***indicates a required field.**

In this section we will be asking you to assess your readiness to join the Local Drug Action Team program at this time. Please remember there will be future opportunities to participate in the program if you are not-yet-ready. In addition, the ADF will provide readiness tools and resources on our website to support to become ready.

Capacity to engage in the LDAT program

Is your group or individual organisations currently undertaking a program or project that significantly limits your ability to engage fully in the LDAT program? *

- Yes
- No

Clear

Is your group ready to commence and complete a project within the next 12 month? *

- Yes
- No

Clear

Prior experience

Has your group recently implemented a community-led project or program in the area of alcohol and other drug prevention, other preventative health issues, and/or community development within your community?

- Yes
- No

Clear

If 'Yes' please provide a summary of your most relevant success including description of the project, contributions of the group, and the outcomes achieved

Word count:

Must be no more than 700 words.

Community consultation

Has your group successfully undertaken community consultation to determine the types of projects that would be most relevant in your local area and which would engage the local community? *

- Yes
- No

Clear

if 'Yes' please provide a summary of how you conducted the consultation, how many members of the community attended, what the outcomes of the consultation were

Word count:

Must be no more than 500 words.

Your group's work together

How long has your group been working together? *

- Less than 1 year
- 1-3 years
- Over 3 years

Clear

No more than 1 choice may be selected.

At this stage, are all the organisations within your group committed to working together for the next 4 or more years? *

- Yes
- No
- Unsure

Clear

Is there currently a formal arrangement that guides your work together (e.g., a terms of reference, MoU, a contract)? *

- Yes
- No

Clear

Description of the arrangement

Word count:

Must be no more than 300 words.

Resourcing

The LDAT program offers a range of tools, resources and support for communities. Part of the program is the allocation of community action grants. The funding provides support for project undertaken by the LDATs but is not intended to cover every day operational costs of the organisations or group.

Will your group be able to sustain its day to day running costs without a community grant from the LDAT program? *

- Yes
- No

Clear