AFT Application Form v2.0
Form Preview

Before you start

* indicates a required field

Make sure you read the program guidelines or visit www.dpi.nsw.gov.au/fishing/commercial website for more information.

Abalone Financial Guidance and Training Support Program aims to provide short-term financial support to eligible business owners.

- Up to $1,000 GST inclusive for financial guidance and
- Up to $9,000 GST inclusive for training.

Instructions for Applicants

Before completing this application form, you should have read the program guidelines, Incomplete applications and/or applications received after the closing date will not be considered.

Application Number

This field is read only.

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

Privacy Notice

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 program will be handled in accordance with the Privacy Act and its privacy policy (available at: https://www.dpc.nsw.gov.au/privacy);
- 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.

Use of Information

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

- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Eligibility Confirmation

To be eligible for the Abalone Financial Guidance and Training Support Program, you must meet the eligibility requirements set out in the program guidelines and summarised below.

- have an Australian Business Number (ABN)
- be registered for GST
- be one of the following:
    - a company incorporated in Australia
    - an incorporated association or co-operative
    - a partnership
    - a sole trader
- declare in the application form that the applicant is not aware of any issues which could cause reputational or other risks to the NSW Government

Additionally:

- provide evidence of ownership of a fishing business which includes abalone shares, and having received the act of grace payment made conditional on the surrender of all abalone shares to be eligible for the Training support.

Please refer to the program guidelines for detailed eligibility criteria.

I confirm that the applicant is eligible according to the criteria outlined in the Program Guidelines *

☐ Yes

About You

* indicates a required field

I/We Declare

I/we have read and understand the program guidelines. *
○ Yes
○ No

*** You must read the program guidelines before applying for this program.**

I/we are an abalone shareholder surrendering shares in the abalone voluntary share surrender program. *
○ Yes
○ No

I/We are an abalone shareholder. *
○ Yes
○ No

*****Unfortunately, you are not eligible for this program.**

You are about to make an application for assistance from the NSW Government. Your application will be reviewed by our trained assessors. Applications are not auto-approved. Making false or misleading statements may be a criminal offence leading to penalties as well as causing delays in making payments to applicants who are in genuine need. *
☐ I understand and wish to continue with this application

Completing this form

Please indicate who is completing the application. If you are completing this application for yourself or your business, select and proceed to the next page.

If you are completing this form on behalf of the applicant, please select the relevant third-party category and enter your contact details.

Who is completing this application? *
○ Applicant
○ Accountant
○ Family/friend

○ Other

Details of person completing this form

Please note the DPIRD may seek permission from the applicant to discuss this application with you.

Organisation name *
Organisation Name

First name *

Last name *

Phone *
+61
Must be an Australian phone number.
Landline: +61298721111 / Mobile: +61417000000

Mobile
Must be an Australian Mobile number: +61417000000

Email *
Please enter a valid email address

Applicant Details

* indicates a required field

Select the entity type *
○ Company ○ Partnership ○ Trust ○ Sole Trader

Does the applicant 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.

Primary business location

Please provide basic information about the applicant i.e. Organisation in the sections below and enter Primary business location in the **Primary Address** field.

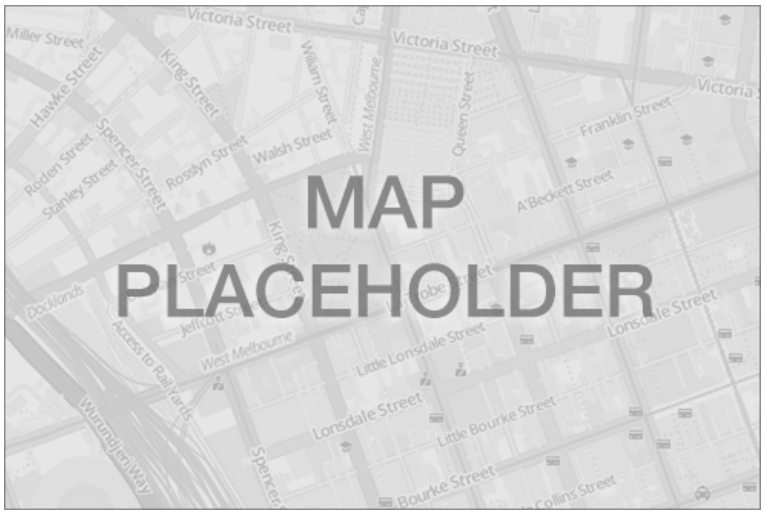
Commence typing and select your address from the dropdown list. If you cannot find your address, select 'Can't find your address?' link and input manually.

Organisation Details

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.

Website

Must be a URL.

Primary Contact Details

Primary Contact *
Title First Name Last Name

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

Primary Contact Position *

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

Primary Contact Phone Number *

Must be an Australian phone number. Landline: +61298721111 / Mobile: +61417000000

Primary Contact Other Phone Number

Can be an Australian Mobile number: +61417000000

Primary Contact Email *

Application Details

* indicates a required field

Abalone Financial Guidance and Training Support Program what would you like to apply for *

☐ Financial Guidance up to $1,000 GST inclusive
☐ Training up to $9,000 GST inclusive

Please select one or both by ticking the boxes.

Financial Guidance Support

Enter the total amount for financial guidance support. Must be a dollar amount and no more than $1,000 GST inclusive.

Training Support

Enter the total amount for training support. Must be a dollar amount and no more than $9,000 GST inclusive.

Total Amount Requested *

Up to a maximum of $10,000 (GST inclusive).

Funding information for internal reporting

The section below is for **internal reporting** only. The Title, Brief Description and the Anticipated start date and Anticipated end date is pre-filled.

Primary location of your initiative: Enter your project location or if it is the same as your primary business location then re-enter your primary business location address. Commence typing and select your address from the dropdown list. If you cannot find your address, select 'Can't find your address?' link and input manually.

Title

Abalone Financial Guidance and Training Support

Word count:

Text to remain Abalone Financial Guidance and Training Support Program

Brief description

Financial support to help commercial fishing business owners to transition to a new commercial abalone fishery management framework.

Word count:

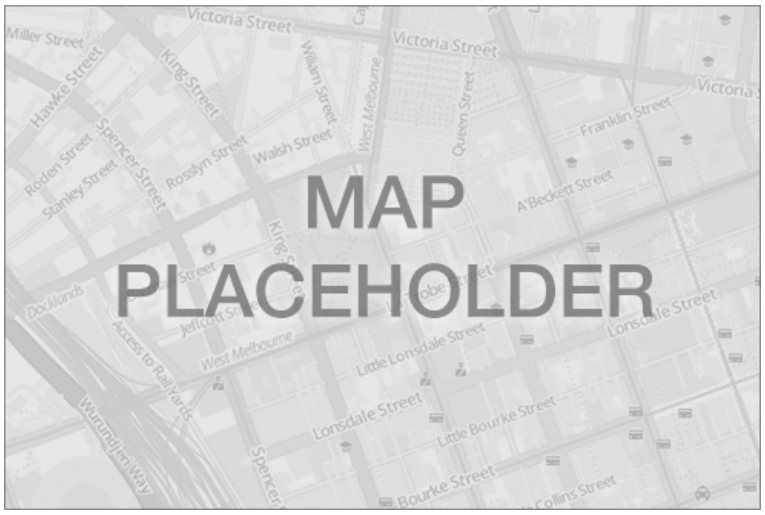
Text to remain as it is.

Anticipated start date

Anticipated end date

Primary location of your initiative

Address



Enter your primary business location address (NSW only).

Bank Details

* indicates a required field

Please provide your bank details for payment. The details provided in this section should be the applying business' own bank account details. We are unable to pay directly to third parties.

Applicant Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Please upload front page of a bank statement here *
Attach a file:

You do not have to show transaction details, however, the statement must:

- Be for an account in the name of the applicant
- Clearly show the BSB, account number and name of the account holder
- Be a statement on financial institution letterhead.

Supporting Documents

Business Evidence

Provide evidence of ownership of a fishing business which includes abalone shares.

Provide evidence of ownership of a fishing business which includes abalone shares.
Attach a file:

Additional supporting documentation

Please provide all other relevant documentation to support your application.

Upload additional supporting documentation
Attach a file:

Please ensure file sizes are 2.5MB or less.

Comments (if any)

Any comments about your application you would like the Assessment Officer to know

Declaration and Authorisation

* indicates a required field

Declaration

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

By submitting this application form I hereby declare that:

- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

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Authorisation

I agree *
☐ Yes

Name of authorised person *
Title | First Name | Last Name

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.

Applicant Feedback

You are nearing the end of the application process. In order to improve the customer experience moving forward, please complete a short optional survey. If you do not wish to provide feedback, please review your application and click the **SUBMIT** button.

How did you find the online application process?
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

Thank you for completing this application.

GMS-SGO/2025 v2.0