

# Expression of Interest: Act @ Play Program

## Form Preview

### Introduction

Act@Play is delivered by Women's Health Grampians in partnership with Hepburn Shire Council.

Act@Play is a gender equality, cultural change initiative that recognises the power that regional sporting clubs have to influence attitudes and beliefs about what is acceptable behaviour.

The program aims to develop and deliver culture change programs that support clubs to develop welcoming and inclusive environments for all.

This is achieved through education and empowering leaders on and off the field.

Over 12 - 24 months Act@Play will deliver for your Club:

- A gender audit including cultural survey
- A gender action plan
- Club wide by-stander training tailored to different subcultures for example Committee/Leadership Group, Coaches, Players/Members.

To submit an Expression of Interest (Eoi) your organisation must:

- Be a registered sporting club
- Be located within Hepburn Shire
- Be available between August 2025 and August 2027 to work with Women's Health Grampians (WHG) on this intensive program in its entirety (timeline depends on Club volunteer capacity)
- Form an Action Group of a minimum of two current members to lead Act@Play
- Commit to the minimum time requirements as follows:
  - 2 x 60 minute leadership briefings and 1 x 90 minute by-stander training from the Committee/Leadership Group
  - 1 x 90 minute by-stander training from the Coaches
  - 1 x 90 minute by-stander training from the players/members
  - 1 x 60 minute meeting fortnightly for the first three months and 1 x 90 minute meeting monthly for the remaining time from the Action Group.
- Agree to complete an evaluation following the completion of the program

### Organisation Details

\* indicates a required field

#### **Applicant Name \***

Title      First Name      Last Name

# Expression of Interest: Act @ Play Program

## Form Preview

### Applicant Organisation

Organisation Name

### Organisation 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Organisation Primary Address

Address

  

### Applicant Primary Phone Number

Must be an Australian phone number.

### Applicant Primary Email

Must be an email address.

### Organisation Website

Must be a URL.

## Key Selection Criteria

# Expression of Interest: Act @ Play Program

## Form Preview

\* indicates a required field

### 1. Please provide examples of past and current inclusive programs your Club has delivered: \*

Equal representation (for example women in leadership), challenging gender norms (volunteer duties split equally, ie everyone volunteers in the canteen), it's also ok if you don't have any examples, Act@Play will meet your Club where it is at in it's equality journey

### 2. Does your Club have any aspirational equal opportunity programs it wants to deliver? \*

Equal representation on social media, access for all facilities, family friendly events

### 3. Please provide information on the Committee/Leadership Groups commitment to working with Women's Health Grampians on the Act@Play Program. \*

Time requirements can be met, commitment to delivering on Action Plan, including financials

### 4. Detail your Club's Action Group: \*

Names, roles within the Club, experience and/or interest in Act@Play

### 5. How will the Action Plan will be implemented following the end of the program: \*

Detail your Clubs ongoing commitment, time, financials, etc

## Declaration

\* indicates a required field

# Expression of Interest: Act @ Play Program

## Form Preview

**I declare that to the best of knowledge the statements made within this Expression of Interest are true and correct, and I understand that I will be required to accept the Terms of Reference should my application be successful. I agree: \***

- ☐ Yes
- ☐ No

**Name \***

Title      First Name      Last Name

--	--	--

**Date \***

Must be a date.

## Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**Please indicate how you found the online application process:**

- ☐ Very easy
- ☐ Easy
- ☐ Neutral
- ☐ Difficult
- ☐ Very difficult

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

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