Grant Application
Form Preview

Before starting your application

- please note that an application for *urgent funding* is *discouraged*. The process from grant round open to applicant outcome advice is *12 weeks*. If funds are required urgently, you will need to consider an alternative source of funding.
- we recommend that you familiarise yourself with our grant program guidelines to ensure that you have a confident understanding of our grants program, in particular;
    - eligibility;
    - what may, may not, or will not be supported; and
    - other frequently asked questions.
- you *may* need to upload/submit attachments (for example; payslips, income statement, supporting letter etc) to support your application. Uploading is simple, but requires you to have the documents saved on your computer or on a storage device.
- if you are still under care orders, your DCP Support Worker *will* need to complete a section of the application form. Please reach out to your DCP Support Worker to help you with your application.

Your privacy is important to us. Please note that the collection, storage, use and disclosure of personal information by the Department for Child Protection will occur in accordance with South Australian public sector *Information Sharing Guidelines, Information Privacy Principles*, the *State Records Act* 1997 and the *Children and Young Peoples (Safety) Act* 2017.

For support in navigating this portal, please read our online grant portal - help guide

We understand that guidelines and forms can be complicated. If you need support, please reach out to us!

p 1300 650 971

e dcpdrmtrust@sa.gov.au

Important note to persons completing this application

* indicates a required field

- where reference is made to **you** or **your** throughout the application – this refers to **the Applicant** *(i.e. the person for whom the grant request is for)*.
- please answer all questions - if you have missed a mandatory question, you will be prompted to provide an answer to this question before submitting your application.

Who is the person completing this form? *

○ I am the applicant

○ I am completing this on behalf of the applicant

I am completing this on behalf of applicant

Supporting person *

First Name

Last Name

Relationship to applicant *

Declaration *

Your eligibility

* indicates a required field

In order to be eligible to apply for one of our grants, the applicant must be a child/young person who is;

- (or was) under a guardianship order pursuant to current or previous child protection legislation in South Australia for at least one full year;

OR

- (or was) placed in the long-term care of relatives under a family care agreement, financially supported on a regular basis by the Department for Child Protection (or previous equivalent) for a combined total of at least one year;

AND

- under 30 years of age, at the closing date of the funding round.

*

○ Yes, I meet the above eligibility criteria
○ No, I don't meet the above eligibility criteria
○ Unsure, if I meet the above eligibility criteria

ATTENTION: INELIGIBLE

Based on the response provided, unfortunately, you are **not eligible** to apply for grant funding through the Dame Roma Mitchell Trust Fund.

Please contact the Executive Officer on 1300 650 971 or dcpdrmtrust@sa.gov.au who may be able to provide you with a referral to alternative supports and/or services.

ATTENTION: ELIGIBILITY CHECK REQUIRED

Based on the response provided, you ***may* be eligible** to apply for grant funding through the Dame Roma Mitchell Trust Fund.

Please contact the Executive Officer before proceeding with your application on 1300 650 971 or dcpdrmtrust@sa.gov.au who will be able to verify your eligibility.

Your personal information

* indicates a required field

Full name *

First Name

Last Name

(previous names)

(please list any first or last names that you have been identified by in the past)

Date of birth *

Age *

ATTENTION: INELIGIBLE

Based on the response provided to your date of birth, unfortunately, you are **not eligible** to apply for grant funding through the Dame Roma Mitchell Trust Fund.

Applicants must be:

- under 30 years of age, at the closing date of the funding round (26 September 2025).

Please contact the Executive Officer on 1300 650 971 or dcpdrmtrust@sa.gov.au who may be able to provide you with a referral to alternative supports and/or services.

Home address *

Address

Email address

Contact number

Do you identify as an Aboriginal/Torres Strait Islander?

○ Yes ○ No

Do you identify as being from a non-English speaking background?
○ Yes ○ No

Do you identify as having a disability?
○ Yes ○ No

Do you have an NDIS plan in place? *
☐ yes ☐ no ☐ in progress

In a few words or a sentence, please tell us what your disability is? *

(refer to Disability Discrimination Act 1992)

Your living arrangements

* indicates a required field

Please select which living arrangement applies to you *
○ independently
○ in kinship care
○ in foster care
○ in DCP residential care
○ in specified/other person guardianship care
○ reunified into the care of biological family

Current accommodation *
○ boarding
○ renting - private
○ public housing (i.e. Housing SA)
○ community housing (i.e. Salvation Army, Uniting Communities etc)
○ own or purchasing own accommodation
○ juvenile justice centre / incarceration
○ crisis/medium term accommodation
○ other (couch surfing, living rough, no fixed address)

Do you have children in your care? *
○ yes, I have children in my care ○ no, I do not have children in my care

Number of children in your care:

Must be a number.

Further comments

Is there anything else that you would like to share in relation to your current living or family circumstances?

Your income and circumstances

* indicates a required field

What is/are your source(s) of income? *
☐ income support payment from Centrelink
☐ income from employment
☐ registered for or awaiting benefits
☐ no income
☐ Other:

Please provide a copy of your latest income support payment statement from Centrelink *
Attach a file:

Employment Type *
☐ part-time work ☐ full-time work ☐ volunteering ☐ casual work
Other

Please provide a copy of your latest payslip from your employer *
Attach a file:

Education and training

What is your current education/training status? *
○ part-time education and/or training
○ full-time education and/or training
○ not undertaking any education or training

What education and/or training are you undertaking? *

Further comments

Is there anything else that you would like to share in relation to your current income or circumstances?

Your Transition to Independent Living Allowance

* indicates a required field

The Transition to Independent Living Allowance (TILA) is a one-off payment of up to $1,500 to help eligible young people aged between 15 to 25 years cover some basic costs as they leave formal out-of-home care.

Please note: when determining what requests can be funded, the Board does consider whether there are existing government or other avenues of funding that can be accessed, such as TILA.

Have you accessed your TILA? *

○ yes ○ no ○ unsure ○ pending application ○ not eligible

You have answered no, please let us know why? *

(i.e. my age, I have not transitioned to independent living etc)

You have answered unsure. Would you like to find out more? *

○ Yes ○ No

Please contact Relationships Australia via 08 8419 2042 or tila@rasa.org.au who will be able to provide you with further information on the Transition to Independent Living Allowance.

Your request for funding

* indicates a required field

we encourage applicants to *carefully consider* and apply for ***no more* than **two items per application** per grant round**

- if you are applying for more than one item, please **list the items in the order you need most.**
- make sure you refer to the grant program guidelines for what you can and can't apply for and the amount "up to" that the Board *may* approve.

- a tax invoice is *not required* at application stage, however it is a good idea to have an understanding of how much the item is; where it can be purchased from; the cost of delivery etc (you will be required to provide a tax invoice from the store/service provider if your grant application is successful).

I wish to apply for the following items

Request description (listed in priority order)	amount requesting
Primary Request	**Primary Request Cost** $
Secondary Request	**Secondary Request Cost** $
Do you wish to apply for delivery fees? * ○ Yes ○ No	**estimated delivery fees** $
	Total Amount Requested

This number/amount is calculated.
What is the total financial support you are requesting in this application?

Explain why you need the items/services/or activities

*

(if you are completing this application independently, please consider this response carefully as it forms an important part of assessment).

Your support teams

* indicates a required field

Are you currently under care orders? *
○ YES, I am currently under care orders
○ NO, I am no longer under care orders

Are you currently engaged with a Post Care Support Worker? *
○ Yes ○ No

Relationships Australia South Australia Post Care Support Services provide information, advocacy, case management and counselling to eligible young people. *(This is a free and confidential service available to children and young people placed under guardianship orders for more than 6 months).*

Would you like to be referred to a Relationships Australia South Australia Post Care Support Worker?

*

○ Yes ○ No

By ticking the "Yes" box you are giving consent for us to share your details with Relationships Australia South Australia.

Due to a higher than normal demand for their service and a larger than normal waiting list, please be aware of the following:

In general, the current waiting period to allocate client to a Case Worker is **10 to 12 weeks.**

The waiting period for clients who are aged **17 and under**, who are still in care and are receiving support from DCP could be up to **3 to 4 months.**

About your DCP Support Worker

DCP Support Worker *

First Name

Last Name

This section is designed to provide *DCP Support Workers* completing applications *on behalf of their applicant's* with the opportunity to provide response to the below mandatory question, within this online application form.

If you are *not* the *DCP Support Worker*, please ask your DCP Support Worker to provide you with a supporting letter addressing the below mandatory question. This letter, along with any other support letters should be uploaded in the section below titled "Support letters"

Please provide reason as to why DCP, in its role as parent/guardian would not be obliged to provide funding for the requested item(s), goods or service(s).

About your Post Care Support Worker

Post Care Support Worker *

First Name

Last Name

Organisation *

Email address *

This section is designed to provide *Post Care Support Workers* completing applications *on behalf of their applicant's* with the opportunity to share information in support of their applicant (rather than as a separate attachment).

If you are *not* the *support worker*, but have a support letter to include, please upload any supporting letters in the section below titled "Support letters"

Post Care Support Worker comments

Support letters

Support letters

Support letters are a great way of providing valuable information in support of your request. A support letter may be from a care worker, education provider, health professional or similar.

If you would like to include a support letter, please make sure the letter you are uploading is on organisational letterhead.

Attach a file:

Application declaration

* indicates a required field

Applicant's first and last name *

Please read and agree to the following statements *

☐ I declare that I am the Applicant or that I have the Applicant's consent to act on their behalf and that this application reflects the wishes of the Applicant
☐ I declare that the information in this application is correct to the best of my knowledge
☐ I understand that only one application per person is permissible per grant round
☐ I give permission for the DRMTF Executive Officer to confirm my eligibility with the Department for Child Protection (DCP)
☐ I give permission for DCP to exchange information relevant to this application with other relevant organisations and individuals as required to progress the application

Not completing your submission online?

If you have downloaded a PDF version of this application form and are completing it manually, please send your completed application to

Mail: Dame Roma Mitchell Grants, Department for Child Protection, GPO Box 1072, Adelaide SA 5001

Scan and email: dcpdrmtrust@sa.gov.au