



Youth Support Fellowship Agreement

A. The parties to this agreement are:

Applicant/Carer

and

The Diabetes Association of the NT Inc. on behalf of the Bill Raby Diabetes Fellowship Board of Governors.

- B. The award of the Bill Raby Diabetes Fellowship is made subject to the Applicant's agreement to be bound by the conditions set out below.
- C. The award is subject to your written acceptance of the conditions set out below within 1 month of the date of offer.
- D. The Board of Governors will provide the applicant with a financial subsidy (by way of reimbursement or direct payment of suppliers) of **\$00.00** for the activity proposed in your application.
- E. The Board of Governors will not be liable to pay any more money or for any other costs or expenses. You may vary the programme at your own expense.

The day of 201__

Authorised Delegate of the Board of Governors

CONDITIONS OF AWARD OF THE BILL RABY DIABETES FELLOWSHIP

The Award of the Bill Raby Diabetes Fellowship is made subject to the Applicant's Agreement to be bound by the following conditions:

1. **INCORPORATION OF APPLICATION:** Your application is incorporated into and forms part of this Agreement.
2. **TIMING:** Unless otherwise agreed to by the Board of Governors, the Fellowship activity must be completed by **1 December 2016**; if it is not undertaken with this time, the applicant may, at the absolute discretion of the Board of Governors, forfeit the Fellowship.
3. **APPROVED ACTIVITY:** The Board of Governors will advise the applicant of details of the Fellowship support as approved by the Board of Governors.
4. **EVIDENCE OF ENROLMENT:** Where applicable, it is the responsibility of the applicant to provide evidence of enrolment to the approved activity.
5. **PERSONAL TRAVEL:** It is the responsibility of the applicant to arrange all necessary travel and accommodation. The Final Itinerary may include personal travel to destinations other than those contained in the Approved Activity, however, personal or private travel does not constitute part of the Fellowship and approval by the Board of Governors is not to be implied.
6. **EXPENSES:** The applicant acknowledges that the Fellowship is not an award of a specific sum of money, but is a financial subsidy payment by the Board of Governors for the activity proposed in your application, approved by the Board of Governors, subject to clause 15 of these conditions. The Board of Governors accepts no responsibility for any other travel or expenses incurred by the applicant.

7. *CHANGE IN CIRCUMSTANCES:* Applicants are responsible for advising the Board of Governors of any changes in circumstances which may result in the Approved Activity not being substantially fulfilled. The Board of Governors reserves the right to cancel or vary a Fellowship in these circumstances.
8. *INSURANCE:* Applicants are strongly encouraged to arrange medical and travel insurance to cover their activity. The cost of medical and travel insurance is an eligible expenditure under the Fellowship. However arrangement of medical and travel insurance is the sole responsibility of the applicant.
9. *SECURITY AND PERSONAL SAFETY:* The awarding of a Fellowship and the approval by the Board of Governors of an applicant's Approved Activity does not constitute a representation or warranty by the Board of Governors in relation to the security or personal safety of the applicant/carer. The applicant/carer is responsible for his or her own security and personal safety during the Fellowship and must take all appropriate steps and make all necessary enquiries to ensure their own security and personal safety during the Fellowship.
10. *ILLNESS:* Illness that reduces the effectiveness of a Fellowship does not automatically entitle the applicant to an extension of the original period of the Fellowship, but the Board of Governors may, on application, grant such extension if it thinks fit.
11. *PUBLICITY AND ONGOING SUPPORT:* The applicant agrees to actively promote the knowledge of the aims and ideals of the Board of Governors and to be as supportive as possible of the Board of Governors before, during and after completion of the Fellowship.
12. *REIMBURSEMENT OF EXPENSES:* The Fellowship agrees to reimburse the Applicant/Carer for approved expenses to the maximum amount specified in Clause D of this Agreement upon production of receipts. All reimbursements will be made to the nominated bank account of the applicant/carer.
13. *DIRECT PAYMENT OF EXPENSES:* Where Clause 12 is not applicable, the Fellowship may agree to the direct payment of approved expenses to the maximum amount specified in Clause D of this Agreement upon provision of evidence of bookings/commitments. All direct payment of expenses will be made to the nominated bank account of the supplier.
14. *FELLOWSHIP REPORT:* The applicant must **within eight weeks of the date of completion of the Fellowship activity submit a report to the Board of Governors** (one electronic copy) detailing the approved Fellowship activity and the benefits it provided. Photos may be included.
15. *INDEMNITY:* The applicant indemnifies the Board of Governors against all loss, liability and expense arising out of or in connection with all activities of the applicant in the course of the Fellowship. To the fullest extent allowed by law, the applicant releases the Board of Governors from any claim he/she may have against the Board of Governors (including any claim for negligence).
16. *TAXATION LIABILITY:* The money paid in support of the Fellowship is paid on the basis that any income taxation impost that may arise shall be the sole and exclusive responsibility and liability of the Applicant/Carer and the Applicant/Carer shall indemnify and keep the Board of Governors indemnified in that regard. Applicants/carers who do not have an ABN will be required to sign a "Statement by a Supplier" to exempt Fellowship funding from GST.
17. *MEANING OF BOARD OF GOVERNORS:* Board of Governors means the Bill Raby Diabetes Fellowship Board of Governors established by the Diabetes Association of the Northern Territory Inc. trading as Healthy Living NT.

ACCEPTANCE

I, **Applicant/Carer** accept Bill Raby Diabetes Fellowship offered to me by the Board of Governors on the terms contained in this document. I acknowledge that I have devised the Proposed Activity personally and that I have not relied on the expertise of the Board of Governors in any way. I accept full responsibility for the Proposed Activity.

Applicant/Carer

(Date)