

Community Action for a Multicultural Society (CAMS) Program Application

Before you begin

Before starting this application, you should ensure that you have read and understood the [CAMS 2027-31 Program Guidelines](#).

ARE YOU ELIGIBLE TO APPLY? Ensure you are eligible to apply, and that your proposed application addresses the aim, objectives and funding criteria (*refer to the CAMS 2027-31 Program Guidelines*).

COMPLETING THE ONLINE APPLICATION FORM You may begin anywhere in the application form – ensuring you save as you go. Please note:

- Responses to questions must be entered in the application.
- Keep your answers clear and concise noting the maximum word limits.
- Additional supporting material can be attached and submitted with your application.

WHEN TO SUBMIT Online applications can be submitted anytime from **Tuesday, 12 May 2026** and will close at **11.59pm Tuesday, 9 June 2026**. **NOTE: LATE APPLICATIONS AND SUPPORTING DOCUMENTS WILL NOT BE ACCEPTED.**

NEED HELP IN YOUR LANGUAGE? If you have difficulty understanding this application form or other funding documents and need language assistance, please call 1800 512 451 and ask for an interpreter.

ASSISTANCE If you need **technical assistance** with your SmartyGrants account or online application, contact SmartyGrants Technical Support on **(03) 9320 6888** or service@smartygrants.com.au. Support Desk Hours: 9.00am – 5.00pm AEST, Monday – Friday.

If you have any queries after accessing all information on the website, please contact Multicultural Affairs Queensland by emailing funding@maq.qld.gov.au.

Collection Notice

The Department of Women, Aboriginal and Torres Strait Islander Partnerships and Multiculturalism (the department) is committed to handling your personal information in accordance with the [Information Privacy Act 2009](#) (Qld) and the [Queensland Privacy Principles \(QPPs\)](#). [QPP 5](#) obliges us to advise you of certain matters when collecting your personal information. This collection notice sets out those matters, and explains how we will manage the collection, use, disclosure and storage of your personal information.

The department is collecting your personal information as part of the application and assessment process for the Community Action for a Multicultural Society Program 2027-31 funding round.

If you do not provide the requested information, it may not be possible for the department to deliver this service to you.

We will not use your personal information for any other purpose unless we are authorised or required under an Australian law, or court or tribunal order to do so.

2027-31 Application Form

Form Preview

Your personal information will be stored in SmartyGrants, which is hosted in Australia. Your information will not be disclosed overseas.

More information about how we handle personal information is available on our [website](#) and in our [Privacy Policy](#).

The department's Privacy Policy contains information about:

- how you can access your personal information held by the department
- how you can seek correction of your personal information if it is inaccurate, out-of-date, incomplete, irrelevant or misleading, and
- how you may complain about a breach of the QPPs and how the department will deal with your complaint.

If you have questions about how we manage your personal information, contact the Information Privacy team at privacy@dwatsipm.qld.gov.au.

Section 1: Applicant Details

* indicates a required field

Applicant Organisation

Organisation Name *

Organisation Name

✓ Capitalise Each Word. #Do not use ALL CAPITALS. Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with ASIC, ORIC or Office of Fair Trading.

- If a legal entity, use the full legal registered name of the organisation.
- Check your spelling and make sure you provide the same name that is listed in official documentation such as with the:
 - [Office of Fair Trading \(OFT\)](#);
 - [Australian Securities and Investments Commission \(ASIC\)](#).

If applicable, what is the Department or Branch within the organisation?

Use this field only if relevant. For example: Community Services; Brisbane Diocese; St Mary's Parish; etc.

What is your business name? (If your organisation is known by another name, please include that (if applicable).)

If the organisation is known by a different name to the full legal entity name.

Applicant eligibility

You are eligible to apply if you are a **not-for-profit and/or charitable organisation** and one of the following entity types:

2027-31 Application Form

Form Preview

Is the Applicant eligible to apply? Select from the following: *

- Incorporated association
- Company limited by guarantee
- Company limited by shares registered as a charity with the ACNC
- Cooperative
- Local Government Authority (Council)
- Organisation established through an Act of Parliament

Attach a copy of the organisation's legal registration documentation. *

Attach a file:

Certificate of Incorporation or similar documentation

I confirm that the applicant organisation has: *

- an active Australian Business Number (ABN)
- an Australian bank account name in the name of the legal entity
- located and/or actively provide services within the state of Queensland
- no overdue reports or performance issues for funding provided by Multicultural Affairs Queensland

At least 4 choices must be selected.

To check if you are up to date with your reports, please email funding@maq.qld.gov.au.

Applicant 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.

Organisation Address

Postal Address *

Address

2027-31 Application Form

Form Preview

To provide a PO Box, click 'Can't find your address?' and enter it manually. Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Office Street Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Street address where the program will be delivered from *

Address

What is the street address where the program will be primarily delivered from? Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Organisation Primary Email *

Must be an email address.

Website

Must be a URL.

Facebook Page

Must be a URL.

What is your organisation's annual revenue? *

- Less than \$50,000
- \$50,000 or more, but less than \$250,000
- \$250,000 or more, but less than \$1 million
- \$1 million or more, but less than \$10 million
- \$10 million or more, but less than \$100 million

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: <https://www.acnc.gov.au/tools/topic-guides/revenue>

Provide information on the Applicant's core business/activities it delivers. *

Word count:

Must be no more than 100 words.

Organisation Contact

This person will have the funding documentation issued to them for execution, should this application be successful.

2027-31 Application Form

Form Preview

Name *

Title

First Name

Last Name

Position Title *

Enter in the full position title e.g. write Chief Executive Officer and not CEO

Phone Number *

Insert area code before the number e.g. 07. Must be an Australian phone number and at least 10 characters.

Mobile Number

Must be an Australian phone number and at least 10 characters

Email Address *

Must be an email address

Contract Manager Contact

This person will be contacted about the application and if approved, the program administration.

Name *

Title

First Name

Last Name

Position Title *

Enter in the full position title e.g. write Chief Executive Officer and not CEO

Phone Number

Must be an Australian phone number.

Mobile Number

Must be an Australian phone number.

Email *

Must be an email address.

Program Contact

This person will be contacted about the program activities.

Name *

Title

First Name

Last Name

2027-31 Application Form

Form Preview

Position Title *

Enter in the full position title e.g. write Chief Executive Officer and not CEO

Phone number

Must be an Australian phone number.
Insert area code before the number e.g. 07. Must be an Australian phone number and at least 10 characters.

Mobile number

Must be an Australian phone number
Must be an Australian phone number and at least 10 characters

Email address *

Must be an email address

Public Liability Insurance

Does the Applicant hold public liability insurance (minimum \$10 million) to cover the proposed program? *

Yes

No

Attach a copy of the Applicant's most recent public liability insurance Certificate of Currency *

Attach a file:

Ensure the attached document shows the start and end dates of the cover, the type of insurance cover and the amount covered.

Provide details on how the Applicant plans to obtain insurance including the name of the insurer/s from which quotes will be obtained. *

IMPORTANT TO NOTE - If successful, a copy of a Certificate of Currency is required to be provided prior to the delivery of the proposed program

Date proposing to obtain insurance *

Must be a date.

Proposed amount to be insured *

Must be at least \$10,000,000

Section 2: Program Details

* indicates a required field

Provide a detailed explanation of how your application meets the mandatory funding criteria by addressing the questions outlined in this section.

It is expected that funded organisations will achieve program outcomes by working with local services, community groups, employers and industry groups, as well as individuals and groups from culturally diverse backgrounds, to actively build cultural capability and identify pathways to support sustainable economic and social inclusion and participation ambitions of people from culturally diverse backgrounds.

You cannot submit your responses as an attachment. Only extra supporting materials can be attached.

ASSESSMENT CRITERION 1 – Organisational Commitment and Governance

Provide examples that demonstrate your organisation's ability to:

Strategically plan and drive outcomes over multiple years. *

Word count:
Must be no more than 300 words.

Leverage service connections. *

Word count:
Must be no more than 300 words.

Collaborate and partner with government, non-government, community, employers and industry groups. *

Word count:
Must be no more than 300 words.

Describe your organisation's governance structure and how it supports community development practices. *

2027-31 Application Form

Form Preview

Word count:
Must be no more than 300 words.

ASSESSMENT CRITERION 2 – Community Connections and Engagement

Outline your organisation's connections with local culturally diverse communities, organisations, government, non-government and industry stakeholders in the specified program delivery location.

Response *

Word count:
Must be no more than 300 words.

Provide examples that demonstrate capability in supporting coordinated engagement with CALD community leaders and other key stakeholders in disaster prevention, preparedness, response, and recovery.

Response *

Word count:
Must be no more than 300 words.

Which local culturally diverse communities and organisations does your organisations propose to work with to achieve CAMS social and economic inclusion outcomes?

Organisation Name	Organisation Type	What is their proposed role
One per row Must be no more than 10 words.	What type of entity are they?	What is their role or contribution? Must be no more than 10 words.

What are the main cultural or faith groups that will be engaged in your proposed CAMS program?

We want to know which are the main communities you are proposing to service in the proposed CAMS program area. We do not require the cultural background of each

2027-31 Application Form

Form Preview

participant so only indicate the main communities that the activity participants come from. Please choose only the group/s that are at the very core of this project/program.

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Celtic | <input type="checkbox"/> Latin American | <input type="checkbox"/> Scandinavian |
| <input type="checkbox"/> Afghan | <input type="checkbox"/> Chin | <input type="checkbox"/> Lebanese | <input type="checkbox"/> Scottish |
| <input type="checkbox"/> African | <input type="checkbox"/> Chinese | <input type="checkbox"/> Malaysian | <input type="checkbox"/> Serbian |
| <input type="checkbox"/> African - Burundian | <input type="checkbox"/> Colombian | <input type="checkbox"/> Mexican | <input type="checkbox"/> Slavic |
| <input type="checkbox"/> African -
Cameroonian | <input type="checkbox"/> Croatian | <input type="checkbox"/> Middle Eastern | <input type="checkbox"/> South American |
| <input type="checkbox"/> African - Congolese | <input type="checkbox"/> Cuban | <input type="checkbox"/> Mongolian | <input type="checkbox"/> South Asian (Indian,
Pakistani, Sri Lankan,
etc) |
| <input type="checkbox"/> African - Egyptian | <input type="checkbox"/> Cypriot | <input type="checkbox"/> Myanmarese | <input type="checkbox"/> Sri Lankan |
| <input type="checkbox"/> African - Eritrean | <input type="checkbox"/> Filipino | <input type="checkbox"/> Nepalese | <input type="checkbox"/> Syrian |
| <input type="checkbox"/> African - Ethiopian | <input type="checkbox"/> French | <input type="checkbox"/> New Zealander | <input type="checkbox"/> Taiwanese |
| <input type="checkbox"/> African - Ghanaian | <input type="checkbox"/> Greek | <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Tamil |
| <input type="checkbox"/> African - Liberian | <input type="checkbox"/> Hmong | <input type="checkbox"/> Pacific Islander -
Cook Islander | <input type="checkbox"/> Thai |
| <input type="checkbox"/> African - Nigerian | <input type="checkbox"/> Hungarian | <input type="checkbox"/> Pacific Islander -
Fijian | <input type="checkbox"/> Tibetan |
| <input type="checkbox"/> African - Rwandan | <input type="checkbox"/> Indian | <input type="checkbox"/> Pacific Islander -
Fijian Indian | <input type="checkbox"/> Torres Strait
Islander |
| <input type="checkbox"/> African - Somali | <input type="checkbox"/> Indian - Gujarati | <input type="checkbox"/> Pacific Islander -
Maori | <input type="checkbox"/> Ukrainian |
| <input type="checkbox"/> African - South
Sudanese | <input type="checkbox"/> Indian - Keralites | <input type="checkbox"/> Pacific Islander -
Nauruan | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> African - Sudanese | <input type="checkbox"/> Indian -
Maharashtrian | <input type="checkbox"/> Pacific Islander -
Niuean | <input type="checkbox"/> Yazidi |
| <input type="checkbox"/> African - Togolese | <input type="checkbox"/> Indian - Malayalee | <input type="checkbox"/> Pacific Islander -
Papua New Guinean | <input type="checkbox"/> Zomi |
| <input type="checkbox"/> African - Ugandan | <input type="checkbox"/> Indian - Telugu | <input type="checkbox"/> Pacific Islander -
Samoan | <input type="checkbox"/> Multi Faith |
| <input type="checkbox"/> African -
Zimbabwean | <input type="checkbox"/> Indonesian | <input type="checkbox"/> Pacific Islander -
Solomon Islander | <input type="checkbox"/> Baha'i |
| <input type="checkbox"/> Arakanese | <input type="checkbox"/> Iranian | <input type="checkbox"/> Pacific Islander -
Tongan | <input type="checkbox"/> Buddhist |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Iraqi | <input type="checkbox"/> Pakistani | <input type="checkbox"/> Christian |
| <input type="checkbox"/> Australian South
Sea Islander | <input type="checkbox"/> Irish | <input type="checkbox"/> Persian | <input type="checkbox"/> Hare Krishna |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Italian | <input type="checkbox"/> Polish | <input type="checkbox"/> Hindu |
| <input type="checkbox"/> Bengali | <input type="checkbox"/> Japanese | <input type="checkbox"/> Punjabi | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Bhutanese | <input type="checkbox"/> Karen | <input type="checkbox"/> Rohingya | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Brazilian | <input type="checkbox"/> Korean | <input type="checkbox"/> Romanian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Caribbean Islander | <input type="checkbox"/> Kurdish | <input type="checkbox"/> Russian | <input type="checkbox"/> Other: <input type="text"/> |

ASSESSMENT CRITERION 3 – Proposed Program Delivery Approach

For which CAMS program area are you seeking funding?

Please note a separate application is required for each location . *

- | | |
|------------------------------------|--------------------------------------|
| <input type="radio"/> Gold Coast 1 | <input type="radio"/> Moreton Bay |
| <input type="radio"/> Gold Coast 2 | <input type="radio"/> Sunshine Coast |
| <input type="radio"/> Logan 1 | <input type="radio"/> Fraser Coast |

2027-31 Application Form

Form Preview

- Logan 2
- Ipswich
- Lockyer Valley
- Redland
- Toowoomba
- Brisbane 1
- Brisbane 2
- Bundaberg
- Gladstone
- Rockhampton
- Mackay
- Mt Isa
- Townsville
- Cairns

Eligible organisations can apply to deliver economic and social inclusion outcomes in up to three LGAs where they can demonstrate strong, established links to local community and capability to deliver program objectives.

Please define the area within the Brisbane, Logan or the Gold Coast Local Government Areas where you consider you have the strongest community links and will concentrate program delivery. e.g. North Brisbane or list of suburbs.

Word count:

Must be no more than 150 words.

e.g.- North Brisbane or list of suburbs.

Alignment with CAMS program Objectives and Local Priorities

Describe your proposed CAMS program delivery approach and local priorities, including:

- **What the barrier or priority is.**
- **How you identified the priority areas.**
- **How your approach addresses the identified local needs.**
- **How your program approach aligns with the CAMS program objectives.**

Please ensure local priorities align with the CAMS program Objectives. All three Objectives must be represented in the table. You can select more than one Objectives for a priority area if relevant. Please add a new row for each Barrier and Local Priority.

Please note: Workplans for CAMS Activities will be negotiated with successful organisations as part of the contracting process.

One barrier and/or priority per row. Click '**Add More**' to include additional rows.

Hints: Click the 'Maximise' button above the top right corner of the table to increase this section to full screen. You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.

Barriers and Local Priorities	Examples of Local Activities	Methodology	Objectives
What are some examples of the proposed local CAMS priorities, as informed by your knowledge of key barriers and challenges facing CALD community members/groups in the nominated CAMS program area?	What are some examples of activities your program will deliver to address the identified priority areas for the proposed CAMS program area? Please list them as concise dot points (Max 10 activities).	Evidence base: How did you identify the local priorities and barriers? At least 1 choice must be selected.	For each barrier or local priority identified, select the CAMS program Objectives your program addresses At least 1 choice must be selected.

2027-31 Application Form

Form Preview

Must be no more than 50 words.	Must be no more than 200 words.	<input type="checkbox"/> Community consultations <input type="checkbox"/> Local observations <input type="checkbox"/> Community reference group <input type="checkbox"/> Research <input type="checkbox"/> Media clippings <input type="checkbox"/> Data analysis <input type="checkbox"/> Other:	<input type="checkbox"/> Improve cultural responsiveness <input type="checkbox"/> Empower individuals from CALD backgrounds <input type="checkbox"/> Strengthen inclusive disaster and crisis management
--------------------------------	---------------------------------	---	--

Program Delivery Approach

Describe how your program’s delivery approach will achieve strategic social and economic inclusion outcomes for the local community over five years. Explain how you will address challenges and ensure continuous improvement. *

Word count:
Must be no more than 300 words.

Supporting Documentation (optional)

Additional documentation to support your application can be attached and submitted.

Please indicate which assessment criterion each document supports (e.g. in the description and/or document title).

Please upload a maximum of 5 supporting documents.

Files can be up to **25MB** each; however we recommend a maximum file size of **5MB**

Description	Additional supporting material
	Click 'Add More' to attach additional files A maximum of 1 file may be attached.

Section 3 Program Budget

* indicates a required field

CRITERION 4 - Budget Overview and Value for Money

Expenses

Expenditure Budget

Before completing this section, ensure you have:

1. Read and understood the [CAMS 2027-31 Program Guidelines](#), particularly the section on '**ineligible funding elements**'.
2. Reviewed **Appendix 1** for details on Local Government Areas (LGAs) and Tier Funding allocations per annum for each CAMS program area.

Instructions:

- Provide a breakdown of how the proposed CAMS funding will be spent in the table below against the expenditure items listed.
- Allocate the **entire Tier funding amount** in the expenditure budget table.
- Ensure your total expenditure **exactly matches** the Program Area Grant Tier you selected earlier in this application.

Grant Tiers:

- **Tier 1:** Total budget must be **\$172 601** Eligible areas: Gold Coast (1 and 2), Logan (1 and 2), Ipswich, Toowoomba, Brisbane (1 and 2), Moreton Bay, Sunshine Coast, Rockhampton, Townsville, Cairns.
- **Tier 2:** Total budget must be **\$123 721** Eligible areas: Lockyer Valley, Redland, Fraser Coast, Bundaberg, Gladstone, Mackay, Mount Isa.

Important Notes:

- Responses are required in the fields below and cannot be submitted as attachments.
- Do not use commas in amounts – e.g. write 1000 not 1,000. This will ensure your figures for each table calculate correctly. Insert '0' against items not relevant to your application.
- Provide clear descriptions for each budget item in the Expenditure column.
- List expenses or different categories on separate lines.
- You can include additional rows if required.
- Before moving to the next page, check the **Total Expenditure Funding** requested matches your Tier.

⚠ Goods and Services Tax (GST)

- If you have advised that your organisation **IS registered for GST**, you must provide the **GST exclusive** amounts for the expenditure.
- If you have advised that your **organisation is NOT registered for GST**, you must provide the **GST inclusive** amounts for the expenditure.
- If you are a **local government**, you must provide the **GST inclusive** amounts for the expenditure.

For any advice on GST, the applicant is advised to seek independent professional advice on taxation obligations or seek assistance from the ATO on 13 28 69 or via its website at www.ato.gov.au. Multicultural Affairs Queensland is unable to provide advice on the applicant's particular taxation circumstances.

Expense Type

Expense Item Description

Expense Amount per annum

	Insert the items of expenditure for the whole program. Additional rows can be added.	Must be a whole dollar amount (no cents).
--	--	---

2027-31 Application Form

Form Preview

	Must be no more than 20 words.	
Non-recurrent salaries Activity Costs Management Fees Other (please specify or N/A)		
Non-recurrent salaries Activity Costs Management Fees Other (please specify or N/A)		
Non-recurrent salaries Activity Costs Management Fees Other (please specify or N/A)		
Non-recurrent salaries Activity Costs Management Fees Other (please specify or N/A)		

Tier 1 Funding

This number/amount is calculated.

Total Expenditure

This number/amount is calculated.

Tier 1 Funding minus Total Expenditure

This number/amount is calculated.

Tier 2 Funding

This number/amount is calculated.

Total Expenditure

This number/amount is calculated.

Tier 2 Funding minus Total Expenditure

This number/amount is calculated.

Total Amount Requested

The total financial support you are requesting in this application

Program expenditure budget comments (optional)

Add notes if you need to provide more context.

Other budget questions

CAMS Staffing: Please provide the estimated number of FTEs and proposed staffing levels and roles to be funded as part of the CAMS program annual budget. *

Word count:

Must be no more than 200 words.

For example, 1 FTE (CAMS Worker) and 2 x .3 FTEs (1 Manager and 1 Admin Support Officer).

Other funding received

Do you receive other funds from either the Commonwealth Government, another State Government department or authority or any other entity providing funds that may cover similar or related services? If so, please list name of organisation and purpose of funding.

Click '**Add More**' to include additional rows.

Hints: Click the 'Maximise' button above the top right corner of the table to increase this section to full screen. You can increase the size of large text boxes by clicking and dragging the two diagonal lines in the bottom right corner.

Name of Organisation

Purpose of funding

Name of Organisation	Purpose of funding

Declaration

I confirm that the CAMS funding requested in this application does not duplicate financial support received from other funding sources, such as the Commonwealth Government, another State Government department or authority or any other entity providing funds to the applicant. *

Yes

No

Please upload your organisation's most recent audited financial statements. *

Attach a file:

Section 4: Declaration and Feedback

* indicates a required field

Applicant Declaration

This section must be completed by an appropriately authorised person on behalf of the Applicant (may be different to the contact person listed earlier in this application form).

Declaration by the Applicant's representative *

- I am duly authorised to submit this application.
- I have read, understood and agree to abide by the requirements of the 2027-31 CAMS Program Guidelines.
- I have read, understood and agree to abide by the Terms and Conditions, should this application be successful.
- I declare the information given in this application is true and correct to the best of my knowledge, and the applicant will contact the Department immediately if any information in this application changes or is found incorrect.
- I declare the applicant organisation has no overdue financial accountability, service delivery or performance issues for previous funding received from the Queensland Government, including the CAMS program. e.g. overdue acquittal reports.
- I understand that this is an application only and may not necessarily result in funding approval.

2027-31 Application Form

Form Preview

- I understand that should this application be successful, a workplan for CAMS activities will be negotiated as part of contracting.
 - I understand that should this application be successful, the organisation will be required to acknowledge the funding received by including the Queensland Government crest on all marketing and promotional material.
 - I give consent to the disclosure of the organisation, the funding received, and contact details to be posted on the Department's website, should this application be successful.
- At least 9 choices must be selected.

Authorised Person

The person authorised to submit this application

Name *

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

Position Title *

Enter in the full position title e.g. write Chief Executive Officer and not CEO

Phone Number *

Insert area code before the number e.g. 07. Must be an Australian phone number and at least 10 characters.

Mobile Number

Must be an Australian phone number

Email Address *

Must be an email address.

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.

We'd love your feedback on this process.

As part of our commitment to fairness, accessibility, and continuous improvement, we ask all applicants to share their experience of the application process. Your responses will help us understand what's working well and where we can do better - regardless of the outcome of your application. Thank you for your time and honesty.

This feedback is collected for program improvement only and will not affect the outcome of your application.

How clear were the guidelines?

- Very clear Somewhat clear Neutral Somewhat unclear Very unclear

So far, does the application process feel fair?

2027-31 Application Form

Form Preview

Yes

No

Unsure

Do you have any feedback about the fairness of the application so far?

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

Must be a number.

Hint: Estimate in minutes i.e. 1 hour = 60

Please indicate how you found the online application process.

Very easy

Easy

Neutral

Difficult

Very difficult

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

IMPORTANT

After you review your application and click the **SUBMIT** button, you will receive a confirmation message on screen acknowledging that the application has been received. You will also receive a confirmation email with a PDF copy of your application attached.

I understand that if I do not receive these confirmations, the application has not been submitted and I will review the application for any highlighted issues and try again.

I understand *

Yes

Subscribe to the Multicultural Affairs Queensland Mailing List

If you would like to subscribe to the [Multicultural Affairs Queensland mailing list](#) to receive information on government funding, Multicultural Queensland Month and Awards, or Queensland Government information, you can complete the mailing list form and indicate your topics of interest.