

# Financial Insight application form

## School details

Name of school

Street address

Suburb

State

Postcode

Applicant

Applicant email address

Principal

Principal email address

Phone

Phone 2

## Project details

Title of Financial Insight project

Outline your proposed initiative and its link to the criteria

State your intended timeline and your project milestones

Describe the connection to the K-10 syllabus and curriculum framework

Outline the resources and personnel required and how they will be used

Describe how you might evaluate the project

How did you hear about the Financial Insight initiative?

Are you a member of Teachers Credit Union?  Yes  No

## Supporting documentation

Please provide any supporting documentation you feel will add strength to your application, including quotes.

## Declaration

- I have read and agree to the terms and conditions of the Financial Insight initiative
- I have included relevant supporting documentation with my application
- I don't wish to receive marketing material from Teachers Credit Union

Applicant's signature

Date

Principal's signature

Date

### Collection and use of personal information

In handling your personal information, Teachers Credit Union is complying with the Privacy Act 1988, the National Privacy Principles and the Mutual Banking Code of Practice. A copy of our privacy policy is available on request. Any reference to your schools' project, if successful in receiving a grant, will be made to the school not to the applicant. However, we may use the applicant's personal information in providing the results of the application and also providing information about membership benefits, our financial services and products and those of our partners. We will not disclose your personal information to any other organisation.

You may access your personal information at any time by asking us. We may charge you a fee for this. We will tell you what the fee is at the time. If you ask us to correct any personal information we hold, we will do so, and without cost to you. If you do not give us the personal information we require, we will not be able to accept your participation in this program.

**Please return this form**  
By mail: CSR Officer, Teachers Credit Union, PO Box 7501 Silverwater NSW 2128

