ADVANCE QUEENSLAND

Jobs now, jobs for the future

Young Starters

Final Report

SECTION A – RECIPIENT DETAILS					
Organisation *(Full name)*					
Project name					
Title		Given name		Surname	

SECTION B – ACTIVITY OUTCOMES	
Were external financial contributions leveraged to support your activity/activities? Please provide details, including contribution amounts.	
How many participants attended your activity/activities?	
If a survey was conducted how many attendees responded?	
If a survey was conducted how many attendees responded with a "satisfied" rating or better for the overall activity/activities?	
How many attendees identified potential collaboration opportunities?	
Please provide any relevant details of potential collaborations below.	

SAMPLE

Which actions did your activity/activities promote?	
☐ Improve capability	☐ Leadership
☐ Access to capital	☐ Skills development
☐ Collaboration	☐ Culture and promoting success
☐ Access to markets	
What were the key outcomes of your activity/activities? Include any regional benefits which have been achieved.	
Who did you collaborate with to deliver your activity/activities?	
Event photos	URL

SAMPLE

SECTION C – EVENT PARTICIPATION DETAILS (for hackathon style event applicants only)	
Video pitch for each winning project	URL
Winning team/ individual details	
Winning project title: Project summary: Contact details for each winning team/ individual:	

SECTION E – RECIPIENT DECLARATION	
CHECK LIST Before submitting this report, please ensure that you attach the following required documents: • A detailed final budget of the project containing total financial expenditure during the project including evidence of expenditure (e.g. bank statements, invoices) • Tax invoice for the final payment • Media consent form	
Condition	**I certify the following:** A) The information supplied in this application is true, accurate and not misleading **I acknowledge the following:** B) The Department of Science, Information Technology and Innovation may undertake any necessary checks (subject to any written notification as to confidentiality provided to the Department) ☐ I have read and certify/ acknowledge the above conditions
Applicant name	
Position	
Signature	☐ I acknowledge Queensland State Laws will accept this communication as containing my signature within the meaning of the Electronic Transactions (Qld) Act 2001.
Date signed	

SAMPLE