Application form

2026-27 Multi-Agency Rescue Exercise Program Application

This application and any supporting documentation is to be submitted to Exercises@premiersdepartment.nsw.gov.au

1. Title of Proposal	
2. Lead Agency/Committee	

3. Contact Officer Details *Please nominate a contact person to liaise on behalf of the LRC/RRC/Agency on all correspondence and invoicing matters*		
Name:		
Agency/Organisation:		
Position:		
Phone Number/s:	Work:	Mobile:
Email Address:		
Vendor ABN:		
Vendor Account Name:		
Vendor BSB:		
Vendor Account Number:		

4. Proposal Overview

5. Proposal Aim

6. Program Objective/Outcomes

7. Alignment with the Assessment Criteria

Proposal Details			
Level:	☐ Regional	☐ Local	
Exercise style (where applicable):	☐ Discussion	☐ Functional	☐ Field
Agencies involved: *List all participating agencies*			
Location:			
Venue:			
Dates:			
Duration:			

8. Proposal Support	
Agency/Committee Name:	
R-TAC Member/Chair Name:	
R-TAC Member/Chair Signature:	
Date:	

9. Co-contributions		
Agency/Organisation	Description	Estimated Value

10. Budget estimate		
Item	Description	Cost
	Funding requested total (ex. GST)	

Will you be engaging external professional services to deliver your proposal?* *If yes, care should be taken to ensure copyright does not remain with the provider and the resulting collateral is able to be shared with all SEMC agencies.	☐ Yes	☐ No