Regional Arts Development Fund

Outcome Report

Professional/Career Development Activities

All RADF funding recipients are required to complete and submit an outcome report to Council within eight weeks of their activity completion.

Email this document and all required attachments to [radf@cairns.qld.gov.au](mailto:radf@cairns.qld.gov.au).

This outcome report template is for those undertaking professional/career development activities – eg attendance at conferences and training workshops to develop your own skills, knowledge or career.

|  |  |
| --- | --- |
| **Section 1: ACTIVITY INFORMATION** | |
| Activity/project name: |  |
| Applicant name: |  |
| Contact phone number: |  |
| Contact email: |  |
| How do you describe your gender? | Male Female In another way |
| What age group are you in | 18 – 25 26 – 35 36 – 45 46 – 55  56 – 65 66 + |
| Do you identify as: | Aboriginal and/or Torres Strait Islander  Non-English Speaking  A person living with a disability |
| Financial year funding approved: |  |
| RADF funding contribution: | $ |
| Activity start date: | Click or tap to enter a date. |
| Activity completion date: | Click or tap to enter a date. |
| Postcodes or names of locations where you undertook activity: |  |
| Which suburb do you live in? |  |
| Brief description of activity:  (max. 100 words) |  |
| Links to websites, images, video clips, reviews, awards/recognition or other information that demonstrates project outcomes. Send images (if applicable) as attachments. |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Section 2: Outcomes** | | | | | | |
| **Please rate the extent to which you agree or disagree with the following statements about your experience of the professional/career development activity you undertook.** | | | | | | |
|  | *Strongly Disagree* | *Disagree* | *Neutral* | *Agree* | *Strongly Agree* |  |
| I developed new skills and knowledge. | 1 | 2 | 3 | 4 | 5 | N/A |
| I explored new directions in my practice. | 1 | 2 | 3 | 4 | 5 | N/A |
| It took my career to the next level of professionalism. | 1 | 2 | 3 | 4 | 5 | N/A |
| I developed new industry networks. | 1 | 2 | 3 | 4 | 5 | N/A |
| I developed new audiences or markets. | 1 | 2 | 3 | 4 | 5 | N/A |

|  |
| --- |
| **Section 3: Reflections** |
| **What do you see as the top three outcomes for you from the activity?**  (max. 150 words) |
|  |
| **What were your key learnings or reflections from the activity that will inform your work in the future?**  (max. 200 words) |
|  |
| **Do you have any tips for others that are planning to apply for a RADF grant?** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Please indicate which of the State priorities are being addressed through the RADF funded activity.** | | | |
| Elevate First Nations arts |  | Strengthen Queensland communities |  |
| Activate Queensland’s local places and global digital spaces |  | Share our stories and celebrate our storytellers |  |
| Drive social change across the state |  | N/A |  |

|  |  |
| --- | --- |
| **Section 4: Financial StatEment** | |
| **Attach copies ALL receipts for items that were paid for with the RADF grant.** For activities receiving $1,500 OR Less from RADF: **Please provide details in the table below of non-RADF funds contributed to the activity. This relates to financial/cash contributions, not in-kind support.** | |
| Other grants (please itemise) | Total amount |
|  | $ |
|  | $ |
|  | $ |
| Sponsorship, fundraising and donations (please itemise) | Total amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| Your own cash expenditure towards the project | Total amount |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |

|  |  |
| --- | --- |
| **Please provide details in the table below of the in-kind support your project received (if any).** | |
| List the in-kind support that your project received (yours and others) | Total amount |
|  | $ |
|  | $ |
|  | $ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Do you have any unspent RADF money?** | | No |  | Yes |  |
| **IF YES - have you returned the unspent RADF money?** | | | | | |
|  | Yes, I have attached with this Outcome Report all documents relating to the return of unspent RADF money and copies of the documents outlining this transaction. | | | | |
|  | No - Please contact your Council RADF liaison officer and inform them of the unspent RADF money. Remember that failure to do so may affect your future applications to the program. | | | | |

|  |  |
| --- | --- |
| **Section 5: Outcome Report Checklist** | |
|  | Have you completed all required sections of this Outcome Report? |
|  | Have you provided receipts for all expenditure paid for by this RADF grant? |
|  | Have you provided promotional material demonstrating the use of the Queensland Government and Cairns Regional Council logos? |
|  | Have you completed and attached your Project Highlights form? |
|  | Have you completed the Survey that was sent to you via email prior to your acquittal due date? |

|  |  |  |  |
| --- | --- | --- | --- |
| **Section 6: Declaration** | | | |
| **Declaration by funding recipient:**   * I certify that the funding I received was used for the approved purposes and on the terms and conditions set out in the grant/funding agreement. * I certify that to the best of my knowledge, information detailed in this report is true and correct. * I understand I may be asked to provide the Council with additional information on the funded activity. * I understand that the Council and RADF Committee may share this outcome report with Arts Queensland as an example of good practice. | | | |
| **Signature:** (place a copy of signature in the field or provide a signed copy of this page) |  | **Date:** | Click or tap to enter a date. |
| **Name in full:** |  | | |
| **Position in group or organisation** (if relevant): |  | | |
| **Parent/Guardian:** (if applicant is under 18) |  | | |