

# QLG Religious Instruction in Government Schools Project Application Form

**Organisation:**

**Primary contact:**

First Name:		Surname:	
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**Primary contact email:**

**Primary contact mobile:**

**Location of project:**

*Street Address*

*City*

*Postcode*

**Purpose of the project:**

*Who is this project intended to help?*

**Name of RI teacher (if known):**

**Expected project start date**

**Expected project end date**

**Expected project duration**

**FOR OFFICE USE ONLY:**

Received by: ..... Date: / /

APPROVED

PENDING

Forwarded to QLG (date): / /