**Museum Learning Access Fund Application Form**

Organisation Details

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| **Name of organisation / school** | Click or tap here to enter text. |
| **Address** | Click or tap here to enter text. |
| **Suburb** | Click or tap here to enter text. |
| **Postcode** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |
| **Group size** | Click or tap here to enter text. |
| **Organisation type** | Choose an item. |
| **\*Other -please describe** | Click or tap here to enter text. |

Applicant/Representative Details

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| --- | --- |
| **Name** | Click or tap here to enter text. |
| **Position** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Phone** | Click or tap here to enter text. |

About your Organisation

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| --- | --- |
| Has your organisation/school’s first visit to one of our museums? | Choose an item. |
| Which museum would you like to visit?  | Choose an item. |
| When would you like to visit the museum? | Click or tap here to enter text. |

**Is there a specific program you would like to access – please describe:**

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| Click or tap here to enter text. |

**Does your group identify having a culturally and linguistically diverse background?**

Click or tap here to enter text.

**Does your group have any access requirements?**

Click or tap here to enter text.

**Tell us about your group or organisation and how the access fund will benefit this group**.

Click or tap here to enter text.

It is a priority for Museums Victoria to break down the barriers that make it challenging for some schools or organisations to visit and participate in education and public programs.

**What are some of the challenges your organisation faces in visiting? (150 word limit)**

Click or tap here to enter text.

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| **Thank you for your interest in the Museums Victoria Learning Access Fund** |