Application to be a volunteering entity

In completing and submitting this form, the entity is applying under section 10C of the *Payment Times Reporting Act 2020* (the **Act**), for the Payment Times Reporting Regulator (the **Regulator**) to make a determination under subsection 10B(1) of the Act that the entity is a reporting entity.

**IMPORTANT**

To make a volunteering entity determination, the Regulator must be satisfied that the entity applying for the determination (the **Entity**) is:

* a constitutionally covered entity,
* not a reporting entity under section 7 of the Act, and
* not controlled by another entity that is a reporting entity.

**NOTE:** A volunteering entity has the same reporting and record-keeping responsibilities as other reporting entities. This includes reporting payments for all entities it controls.

For more information, please refer to the [Guidance materials](https://paymenttimes.gov.au/guidance) on the Payment Times Reporting Scheme website.

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| **PART A:**  **Entity Details** | Entity Name | | | |
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| Entity ABN | | | |
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| Entity ACN/ARBN (if applicable) | | | |
|  | | | |
|  |  | | | |
|  | **Current** financial year | | | |
|  | Start date: | ***Click to select date*** | End date: | ***Click to select date*** |

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| **PART B:**  **Eligibility** | Please confirm that each of the below statements apply to the Entity (tick all relevant boxes): | |
| The Entity **is** a constitutionally covered entity |  |
| The Entity **does not** meet the criteria to be a reporting entity under section 7 of the Act |  |
|  | The Entity **is not** controlled by another entity that is a reporting entity under section 7 of the Act |  |

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| **PART C:**  **Proposed date**  **of effect** | You may specify the time when the Entity proposes the Volunteering entity determination to take effect.  ***Note:*** *This is the start date of the first reporting period for which the Entity would give a payment times report as a volunteering entity.* | ***Click to select from dropdown*** |

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| **PART D:**  **Supporting Documentation** | When submitting this application form, please ensure that you attach all relevant documentation in support of the application.  This may include, but not be limited to:   * Financial statements to demonstrate that the entity’s consolidated revenue for the previous financial year is $100 million or less. * Corporate group information to demonstrate that the Entity is not controlled by a reporting entity. * Evidence of registration under the ACNC Act, if applicable.   Your supporting documents can be in the following file formats: Word document (.DOCX), portable document format (.PDF), image file (.PNG, .JPG, .GIF), spreadsheet file (.XLSX, .CSV), email (.MSG) or text (.TXT). |

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| **PART E:**  **Approving Responsible Member**  **Details** | Given Name | Family Name | |
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| Role Title | | |
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| Email address | | |
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|  | Date application approved by Responsible Member | | ***Click to select date*** |

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| **PART F:**  **Submitter**  **Details** | Given Name | Family Name |
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| Role Title | |
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| Email address | |
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| **PART G:**  **Declaration** | * I declare that: * I am authorised to provide the information contained in, and attached to, this form. * I have made all necessary enquiries, and that to the best of my knowledge the responses provided in this form and any attached documents are correct and complete. * I understand that it may be a criminal offence and/or a contravention of a civil penalty provision of the *Payment Times Reporting Act 2020* (**PTR Act**) to provide false or misleading information or documents to the Payment Times Reporting Regulator (**PTR Regulator**), including because of the omission of any matter or thing without which the information or document is false or misleading, and that this may result in the giving of infringement notices or the taking of other enforcement action. * I understand that personal information under the *Privacy Act 1988* and protected information under the PTR Act will be collected by the PTR Regulator when this form is lodged, and that it may be shared for the purposes of the PTR Act or otherwise in accordance with law. * there is a record of the written approval of this form by a responsible member of the Entity. | |  |
|  |  | | |
|  | Date | ***Click to select date*** | |

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| **PART H:**  **Submission** | Email completed form and supporting documentation to:  [support@paymenttimes.gov.au](https://austreasury-my.sharepoint.com/personal/isabelle_koch_treasury_gov_au/Documents/Microsoft%20Teams%20Chat%20Files/support@paymenttimes.gov.au) | **For more information**  Web: <https://paymenttimes.gov.au/>  **Need help?** <https://paymenttimes.gov.au/contact>  Phone: 132 846 |