



Australian Government

Community Grants Hub

Improving your grant experience



# Building Excellence in Support and Training (BEST) 2020-21

## Practitioner List

Only complete this template if you require more space in the practitioner details table under Part 3 of the application form. Once complete, you must attach to the application form before submitting.

Name of the organisation offering advocacy services (as per the application form):

List all ADDITIONAL advocates who undertook work listed in your BEST application form, tick the service type(s) each person provided during the 2019 calendar year (Military Compensation Advocate, Welfare Advocate, or Both) and indicate whether their employment status was paid or volunteer.

	Practitioner name	Military compensation advocate	Welfare advocate	Employment status (paid/volunteer)
1		<input type="checkbox"/>	<input type="checkbox"/>	
2		<input type="checkbox"/>	<input type="checkbox"/>	
3		<input type="checkbox"/>	<input type="checkbox"/>	
4		<input type="checkbox"/>	<input type="checkbox"/>	
5		<input type="checkbox"/>	<input type="checkbox"/>	
6		<input type="checkbox"/>	<input type="checkbox"/>	
7		<input type="checkbox"/>	<input type="checkbox"/>	
8		<input type="checkbox"/>	<input type="checkbox"/>	
9		<input type="checkbox"/>	<input type="checkbox"/>	
10		<input type="checkbox"/>	<input type="checkbox"/>	
11		<input type="checkbox"/>	<input type="checkbox"/>	
12		<input type="checkbox"/>	<input type="checkbox"/>	
13		<input type="checkbox"/>	<input type="checkbox"/>	
14		<input type="checkbox"/>	<input type="checkbox"/>	
15		<input type="checkbox"/>	<input type="checkbox"/>	



	Practitioner name	Military compensation advocate	Welfare advocate	Employment status (paid/volunteer)
16		<input type="checkbox"/>	<input type="checkbox"/>	
17		<input type="checkbox"/>	<input type="checkbox"/>	
18		<input type="checkbox"/>	<input type="checkbox"/>	
19		<input type="checkbox"/>	<input type="checkbox"/>	
20		<input type="checkbox"/>	<input type="checkbox"/>	
21		<input type="checkbox"/>	<input type="checkbox"/>	
22		<input type="checkbox"/>	<input type="checkbox"/>	
23		<input type="checkbox"/>	<input type="checkbox"/>	
24		<input type="checkbox"/>	<input type="checkbox"/>	
25		<input type="checkbox"/>	<input type="checkbox"/>	
26		<input type="checkbox"/>	<input type="checkbox"/>	
27		<input type="checkbox"/>	<input type="checkbox"/>	
28		<input type="checkbox"/>	<input type="checkbox"/>	
29		<input type="checkbox"/>	<input type="checkbox"/>	
30		<input type="checkbox"/>	<input type="checkbox"/>	

\*Please add rows if you need more space