

Digital Inclusion Accord

2024

Application for Membership

# What is the Accord?

The [Digital Inclusion Accord](https://www.wa.gov.au/system/files/2022-11/BN%20Attachment%201.5%20-%20Digital%20In_binet%20Submission%20Attachment%20C%29%20FINAL-uae.pdf) represents a shared, cross-sector commitment and agreement to improve digital inclusion outcomes in WA.

To become a party to the Accord, an organisation and/or entity must:

* agree to the commitments set out in this Accord;
* where appropriate, work in collaboration and partnership with other members of the Accord; and
* lead or support the delivery of digital inclusion initiatives that address one or more of the four barriers to access and use of digital technologies; or
* have considerable expertise and understanding of the challenges impacting digitally disadvantaged communities.

## Questions?

Contact: DGov-administrator@dpc.wa.gov.au or phone on (08) 6552 5000

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| **Organisational Details** |
| **1** | **Organisation name** |  |
| **2** | **Organisation website** |  |
| **3** | **Organisation social media** |  |
| **4** | **ABN**[**ABN Lookup**](https://abr.business.gov.au/) |  |
| **5** | **Registered Charity?**[**ACNC Charity Portal**](https://www.acnc.gov.au/tools/topic-guides/charity-portal) |  |
| **Initiative Details***(Please list each initiative separately)* |
| **6** | **Initiative title** |  |
| **7** | **Barrier/s addressed:***Connectivity**Affordability**Skills**Design* |  |
| **8** | **Priority cohort(s)***People with disability**Older people**Aboriginal communities**People living in regional/remote communities**People living on low income**People from culturally and linguistically diverse backgrounds**Other (please define)* |  |
| **9** | **Brief summary of initiative***Please include hyperlinks to any publicly available material.**Include or attach baseline data and an outcomes measurement framework if available.* |  |
| **10** | **Budget amount****(if relevant)** |  |
| **11** | **Source of funding***This could include internal, contract or grant* |  |
| **12** | **Start date** |  |
| **13** | **End date/ongoing** |  |
| **Contact Details** |
| **14** | **Primary contact name** |  |
| **15** | **Primary contact title** |  |
| **16** | **Primary email** |  |
| **17** | **Primary phone** |  |
| **Authorisation** |
| **18** | **Name** |  |
| **19** | **Signature** |  |
| **20** | **Job title** |  |
| **21** | **Organisation** |  |
| **22** | **Date** |  |

***Please include or attach any other information that you think would be helpful.***

***Thank you!***