

KIDSPORT™

APPLICATION VOUCHER

APPLICANT DETAILS (CHILD)

First name: _____

Surname: _____

Male Female

Date of Birth: ____/____/____ Age: _____

What suburb does applicant live in? _____

Is English their first language? Yes No

Are they Aboriginal/Torres Strait Islander? Yes No

Do they have a disability? Yes No

Have they registered with a club before? Yes No
If yes, when? _____ (year)

Have they received KidSport funding before? Yes No

How did you hear about KidSport? _____

What sport would the applicant like to play?

What club would the applicant like to join?

PARENT/GUARDIAN DETAILS

(Privacy disclaimer: All information collected can be used only in matters relating to KidSport)

Name: _____

Address: _____

_____ Postcode: _____

Mobile: _____

Home: (____) _____

Email: _____

Signature: _____

**Please attach a copy of your Health Care Card
or Pension Concession Card.**

KIDSPORT™

APPLICATION VOUCHER

FOR OFFICE USE ONLY

(referral agent)

Name of organisation:

Contact person:

Contact phone number:

Signature:

Tick which is applicable:

Sighted Health Care Card or Pension Concession Card

Other

(Please note local government/shire may contact you for further clarification)

Return voucher to: Referral agent

Parent/guardian

FOR OFFICE USE ONLY

(local government)

Voucher validated

Recipient register updated

Returned to referral agent or applicant

Signature: _____

Date: ____/____/____

Invoiced by the club on: ____/____/____