

# KIDSPORT™

## APPLICATION VOUCHER

Disclaimer – All information obtained will be used solely for purposes related to the Government of Western Australia's KidSport program initiative (Privacy Act 1988)

### 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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_ \_

Mobile: \_\_\_\_\_

Home: ( \_\_\_\_ ) \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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

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### 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

☐ Voucher amount \$ \_\_\_\_\_

☐ Recipient register updated

☐ Returned to referral agent or applicant

Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Invoiced by the club on: \_\_\_\_ / \_\_\_\_ / \_\_\_\_