

# 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.**

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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

Recipient register updated

Returned to referral agent or applicant

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

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

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