



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 Pensioner Concession Card.**



APPLICATION VOUCHER

FOR OFFICE USE ONLY

(referral agent)

Name of organisation: _____

Contact person: _____

Signature: _____

Health Care Card or Pension Card number: _____



- OR -

Reason for referral: _____

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: ____/____/____