INSERT LOCAL GOVERNMENT/SHIRE/TOWN LOGO

KIDSPORT™ Because every WA kid deserves a fair go

Department of Sport and Recreation

SPORT4ALL Project

Referral Agent Registration Form 2015

Please complete this form to register as a recognised **KIDSPORT REFERRAL AGENT**

Referral Agents assist with the identification of children and youth who could benefit from KidSport through the payment of club fees. The referral process is in place so that children who do not have a Heath Care Card or Pension Card can still benefit from KidSport. A referral agent needs to have an understanding of the family's situation and be in a position to identify that the child will receive significant benefit by being involved in physical activity within a positive club environment.

Referral Agents can include, but are not limited to, school teachers, doctors, police, social workers, local area coordinators and other community organisations and agencies.

Referral Agents can assist with the completion of KidSport application forms and their lodgement with participating local governments on behalf of parents/guardians.

REFERAL AGENT DETAILS		
NAME		
AGENCY		
POSTAL ADDRESS		
EMAIL		
☎ **PHONE**	**Office:**	**Mobile/Other:**
WEBSITE		
AGENT INFORMATION		
Core Role at Agency (Please provide a brief description on the organisations core business, how you engage suitable applicants and how you would promote KidSport)		
Service areas (Please list which areas your agency services i.e. statewide or specific suburbs)		
Is the Agency? (please tick)	☐ **NOT FOR PROFIT** ☐ **PRIVATE COMPANY** ☐ **LOCAL GOVERNMENT** ☐ **STATE GOVERNMENT** ☐ **FEDERAL GOVERNMENT**	
DECLARATION		
I agree that I have the authority to make this application on behalf of the above named organisation. I understand that when registering to be a KIDSPORT REFERRAL AGENT, I agree to refer children whom are eligible and/or in need of assistance from this program.		
SIGNATURE	**DATE**	
For enquires please contact: Tory Young, Kondinin Shire Council – cdo@kondinin.wa.gov.au		