

OFFICE USE ONLY			
Club/Program Joined:			
Registration Complete:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Staff:
KidSport send to LGA:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Staff:
Follow Up Complete	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Staff:

New Applicant and Client Referral Form

Please Tick Appropriate Response:			
<input type="checkbox"/> New Applicant	<input type="checkbox"/> Existing Applicant	<input type="checkbox"/> Client Referral	
Parent/Guardian Details (must be complete if applicant is under 18 years)			
Parents Name:		Relationship to Applicant:	
Email:		Telephone:	
Interpreter Required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, language:	
Address::			
City:		Post Code:	
<input type="checkbox"/> Culturally and Linguistically Diverse <ul style="list-style-type: none"> • Country of Origin _____ • Languages spoken (other than English) _____ • Interpreter Required <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Aboriginal or Torres Strait Islander			
Do you have a Health Care Card?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Referral Details (only if applicable)			
Name:			
Organisation:		Position:	
Telephone:		Email:	
<input type="checkbox"/> I have gained consent from the client to make this referral to Communicare GAP. They are aware that a GAP staff member will contact them in relation to this referral.			
<input type="checkbox"/> I am aware that although GAP will do their best to link my client with low cost or free activities, additional expenses may be incurred (e.g. registration fees, uniforms, equipment).			
<input type="checkbox"/> GAP is able to assist clients in applying for financial assistance (e.g. KidSport grants) however, we must adhere to the terms and conditions of the grant as set by the funding organisation.			
<input type="checkbox"/> I understand GAP is a referral service in that the clubs/programs clients are linked with and are operated through an external organisation (unless otherwise specified).			
Signature: _____			Date: _____

Communicare Get Active Project (GAP) is funded by



Department of Local Government, Sport and Cultural Industries



CREATING FUTURES

A 28 Cecil Avenue, Cannington WA 6107 | P PO Box 730, Cannington WA 6987

T 08 9251 5777 | E getactive@communicare.org.au | W communicare.org.au

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Get Active Program

Childs/ Childrens Details and Sport Interests

Information provided below will be used to assist GAP find the most suitable sporting clubs and/or programs for the applicant.

Child 1

Name: Date of Birth: Age: Male Female Non Binary

Sports interested in: 1) _____ 2) _____ 3) _____

Child 2

Name: Date of Birth: Age: Male Female Non Binary

Sports interested in: 1) _____ 2) _____ 3) _____

Child 3

Name: Date of Birth: Age: Male Female Non Binary

Sports interested in: 1) _____ 2) _____ 3) _____

Child 4

Name: Date of Birth: Age: Male Female Non Binary

Sports interested in: 1) _____ 2) _____ 3) _____

Child 5

Name: Date of Birth: Age: Male Female Non Binary

Sports interested in: 1) _____ 2) _____ 3) _____

Have your children ever been a part of a Sporting Club in Australia before? Yes No

How will you and your child get to training sessions or games? (e.g. Car, public transport)

Do you have any specific requests or considerations regarding the activity or club?

Gender Specific Teams Accessible via Public Transport Other: _____

Does your child have any preexisting medical conditions and/or disabilities? Please state below.

Does your child require additional support? Please state below.

Thank you for your Referral Please send to the Get Active Project via the below email or postal address getactive@communicare.org.au or PO Box 730, Cannington WA, 6987. Once GAP has received your referral we will be in contact with yourself or the family with more information.

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