

Application Form - Activelink 2023-24

Form Preview

Confirmation of eligibility

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the [Activelink Guidelines](#).

If you submit the application online you will be sent an automated email confirmation. The City of Melville will contact you with an outcome as soon as possible.

Please note that Applications can take up to 30 business days to process once received by the City.

Incomplete applications cannot be considered.

If you need help with the Guidelines or with any part of this application form, please contact us on **active.link@melville.wa.gov.au** or telephone **(08) 9364 0666 or 1300 635 845 (during business hours)**.

Confirmation of Eligibility

As the Applicant I can confirm:

- I have read and understood the Activelink Guidelines.
- I am a City of Melville resident.
- The activity I want to do is located in the City of Melville.
- I can provide proof of low income (i.e. a Centrelink card) or will provide a letter of support from a referral agent (such as a school, Doctor, Social worker, community agency etc) who is familiar with my financial situation.
- I am not applying for an activity currently covered by *Kidsport*.
- I am not applying for an activity currently covered by the City of Melville's *Age Friendly Assistance Fund*.

*

☐ Yes

You must confirm that all statements above are true and correct.

Contact Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. Refer to our [Privacy Statement](#).

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Applicant Details

Applicant's name (the name of the person to receive the Activelink Funding) *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home address *

Address

Suburb State Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be an address in the City of Melville.

Date of birth *

Must be a date.

Phone Number *

Must be an Australian phone number.
If using landline please include area code 08

Gender *

- ☐ Male
☐ Female
☐ Other
☐ Prefer not to say

As the applicant do you identify with any of the groups below? I am... *

- ☐ First Nations (Aboriginal and / or Torres Strait Islander)
☐ From a culturally diverse background or have English as a second language
☐ A person living with a disability or ongoing medical condition
☐ Prefer not to say
☐ None of the above

Information is confidential and for reporting purposes only.

Email address - the Activelink voucher will be emailed to this address *

If you don't have an email address please enter "no" above and we will post you the voucher.

Proof of low income (i.e. Centrelink issued Health Care Card, Commonwealth Seniors Health Care Card, Veteran's Card etc) *

Attach a file:

Note: if the surname of the Centrelink Card Holder is different to the applicant, please upload a document which confirms the Card Holders' relationship to the applicant (eg: birth certificate,

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confirmation letter from school, Doctor, Social Worker, etc stating that the Centrelink Card Holder is the Parent/Guardian of applicant).

Applicant Assistant - contact details

Only complete this section if you are completing this form on behalf of the applicant (ie if you are a Parent, Carer, Local Area Coordinator, City of Melville Officer etc)

Contact name of assistant

Title First Name Last Name

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This is the person who is completing this application for someone else

Relationship

- ☐ Parent or Partner
- ☐ Carer
- ☐ LAC / Health Worker
- ☐ City of Melville staff member
- ☐ Other

If Other - Please advise what relationship?

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Organisation name, if applicable

Organisation Name

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To be completed by agency / person completing this form on behalf of the applicant.

Activity Details

* indicates a required field

What activity would you like to undertake? Please click ONE option only. *

- ☐ Art classes
- ☐ Dance classes
- ☐ Group fitness classes (at the gym)
- ☐ Group fitness classes - Living Longer, Living Stronger (Strength for Life) program for Seniors
- ☐ Grasshopper Soccer (for 2-12 year olds)
- ☐ Gym membership
- ☐ Integrated Football (all abilities AFL)
- ☐ Lawn Bowls - casual
- ☐ Lawn Bowls - Club membership
- ☐ Martial Arts / Self Defence
- ☐ Pregnancy fitness / wellness
- ☐ Rowing
- ☐ Swimming - aqua aerobics
- ☐ Swimming - social / casual / hydrotherapy

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- ☐ Swimming lessons
- ☐ Tennis - social / casual
- ☐ Tennis lessons
- ☐ Ten Pin Bowling
- ☐ Yoga classes / Meditation
- ☐ Other

If Other - please state the activity

What is the name of the organisation or facility that is providing this activity? *

- ☐ Art's Kool
- ☐ CBC Integrated Football
- ☐ City of Melville Community Centre
- ☐ City of Melville Library
- ☐ Dance Collective (Willagee)
- ☐ Kirby Swim (Melville)
- ☐ LeisureFit Booragoon (on Marmion St - has swimming pools)
- ☐ LeisureFit Melville (Cnr Stock Rd & Canning Hwy - no pools)
- ☐ Rowing Club at Murdoch University
- ☐ Super Bowl Melville (Ten Pin bowling)
- ☐ Tennis Excellence (Blue Gum at Brentwood)
- ☐ Tennis Excellence (Melville / Palmyra)
- ☐ Other / Don't Know

If Other - please state the organisation that is providing the activity. If you don't know we will investigate for you and let you know.

Organisation Name

Is the activity located in the City of Melville? *

- ☐ Yes
- ☐ No - Vouchers will only be issued for activities within the City of Melville.
- ☐ Don't know? We will investigate for you and let you know.

Total activity cost *

\$

Must be a dollar amount.

Activelink funds are a maximum of \$300 for individuals or \$900 for families. Activelink funds may cover the full cost of your activity or only cover some, depending on the activity cost.

Please describe how the activity will assist you. Why do you want to do this activity? *

Certification and Feedback

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* indicates a required field

Certification

This section must be completed either by the applicant or the person completing this form on behalf of the applicant.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I agree *

☐ Yes

☐ No

Name of applicant or person completing form on behalf of Applicant *

Title

First Name

Last Name

Date *

Must be a date

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process: *

☐ Easy

☐ Neutral

☐ Difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.