

# Application Form - Activelink 24-2025

## 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](mailto: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  
        

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 \***

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

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### 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

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

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?

#### Organisation name, if applicable

Organisation Name

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
- Swimming lessons
- Tennis - social / casual
- Tennis lessons

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- 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 Mellville (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.**

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

\* indicates a required field

### Certification

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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.**