ActiveLink 2026/27 Application
Form Preview

Confirmation of eligibility

* indicates a required field

Applicants: please note

Eligibility criteria has been updated in 2026. To qualify for this grant you will need to hold a valid Low Income Healthcare Card.

Before completing this application form, you should have read the **ActiveLink Guidelines**If you need assistance with this, or require an alternative format please contact us on the details below.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible to receive an AFMAF reimbursement. It is important that you confirm your eligibility before completing the application.

If you have any questions in regards to these eligibility criteria, please contact **melinfo@melville.wa.gov.au** or telephone 08 9364 0666.

Applications can take up to 30 working days to be processed. We will contact you via email as soon as possible with an outcome.

Please note that the City receives many applications and funding is limited. Eligibility for funding does not guarantee that application will be successful.

Confirmation of Eligibility

As the Applicant I can confirm:

- I can provide proof of low income with a valid Health Care Card OR Pensioner Concession Card.
- 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 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

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Privacy Notice

The City of Melville is committed to protecting your privacy.

We collect your personal information to process your ActiveLink application in accordance with the Privacy and Responsible Information Sharing Act 2024 (PRIS Act). By submitting your application, you acknowledge that your information will be used for assessment, administration, and reporting purposes. If you choose not to provide the required information, we may be unable to process your application.

Your information will:

- Only be used for the purpose it was collected
- Be handled in accordance with privacy laws and City policies
- Not be shared unless required or authorised by law

You can request access to or correction of your personal information at any time.

For full information about how The City handles your personal information, please visit our privacy page.

Applicant Details

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

Title | First Name | Last Name

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 (Health Care Card or Pensioner Concession Card) *
Attach a file:

Which card did you upload a copy of? *
☐ Healthcare Card
☐ Pensioner Concession Card
At least 1 choice and no more than 1 choice may be selected.

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

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* 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
☐ 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 Amount Requested *

$

Must be a dollar amount.
What is the total financial support you are requesting in this application?

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

Certification and Feedback

* 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

Can we contact you to provide feedback on your experience with the ActiveLink program?

☐ Yes - by phone
☐ Yes - by email
☐ yes - by phone or email
☐ No, I do not wish to be contacted

Due to the volume of responses, we may not be able to contact all individuals who answer "yes"