

# 2024 Every Chance application form

## Form Preview

### Every Chance Voucher Application Form

**Welcome to your Every Chance Voucher Applications Page.**

**To start a *new* Every Chance Voucher Application please fill in the below form. Ensure to save as you go.**

**To continue working with an application you have already started:** 1. Select in progress or submitted in the drop down. 2. If you select submitted, you can only view the applications that you have submitted. 3. If you select in progress, you will be able to continue working on your application.

### Trusted Referrer Details

**Trusted Referrer Organisation**

**Trusted Referrer Number**

### Child Eligibility

\* indicates a required field

**Is the child an Australian Citizen or Permanent Resident?**

- Yes
- No

**Does the child live in the ACT?**

- Yes
- No

**Is the child between the ages of 5 and 18 years?**

- Yes
- No

**Is the grant linked to PCYC programs? \***

- Yes
- No

**Please advise of child's circumstances - how would the child benefit from the grant (30 - 40 words)?**

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What current support do you offer the child/family', how would EC grant support the child and family, are there any challengers that would stop the child from attending the sport and how could you support them?

## Referral Details

### Please select a Registered Referral Source

- Not for Profit
- Community Organisation
- Educational Institution
- Approved sporting club

### Position within Registered Organisation

### Email

Must be an email address.

### Phone Number

Must be an Australian phone number.

## Child Details

### First Name

### Last Name

### Is the child of Aboriginal or Torres Strait Islander heritage?

- Yes
- No

### Which cultural group does the child identify with?

### What is the main language spoken at home?

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### Child's Age

Must be a number.

### Child's Date of Birth

Must be a date.

### What gender does the child identify as?

### Child's Residential Address?

Address

  

## Parent/Carer Details

### Parent/Carer First Name

### Parent/Carer Last Name

### Parent/Carer Relationship to Child

- Parent
- Guardian
- Foster Carer
- Grandparent
- Other

### Parent/Carer Mobile Number

Must be an Australian phone number.

### Parent/Carer Email Address

Must be an email address.

## Referrer Agreement

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**As a Registered Trusted Referrer, I declare that to the best of my knowledge this family is currently experiencing Financial Hardship**

Yes

**As a Registered Referrer, I declare the information provided in this application is true and correct**

Yes

**As a Registered Trusted Referrer, I have discussed and gone through “Choosing the right sport for your child” document with the parent/carer**

Yes

**As a Registered Trusted Referrer, I have contacted a club for the child and there is a position available. The contact person details are:**

**Club contact name**

**Email**

Must be an email address.

**Phone Number**

Must be an Australian phone number.

**Sport to be played?**

**Name of Sporting Club?**

**Registration fee cost for the child?**

**As a trusted referrer I will:**

- Discuss sporting options and what sport they want to play and support the family to register the child at the sport chosen
- Check in during the season to confirm the child is attending trainings and games during the season
- Provide advice to EC if the child does not continue play for the whole season.
- Undertake review and evaluation at the end of the season.

**The Parent/Carer has provided permission to submit this application inclusive of all the information and attachments**

Yes

