2026/27 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)?

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

Please use the "can't find address" option when completing the child's residential address.

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?

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

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