**Referral Agent Registration Form**

Please complete this form to register as a recognised **KIDSPORT REFERRAL AGENT** with the Shire of Wickepin

Please return this form to the Shire of Wickepin.

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| **rEFERAL AGENT DETAILS**  |
| **NAME** |  |
| **AGENCY** |  |
| **POSTAL ADDRESS**  |  |
| **EMAIL** |  |
| **🕾 PHONE** | **Office:** | **Mobile/Other:** |
| **🌏 WEBSITE** |  |
| **AGENT INFORMATION** |  |
| **Core Role at Agency**(Please provide a brief description on the organisations core business, how you engage suitable applicants and how you would promote KidSport) |  |
| **Service areas**(Please list which areas your agency services i.e statewide or specific suburbs) |  |
| **Is the Agency?**(please tick) | * **Not for profit**
* **Private Company**
* **Local Government**
* **State government**
* **Federal government**
 |
| **DECLARATION** |
| I agree that I have the authority to make this application on behalf of the above named organisation.I understand that when registering to be a KIDSPORT REFERRAL AGENT, I agree to refer children whom are elligible and/or in need of assistance from this program. |
| **SIGNATURE** | **DATE** |
| **For enquires please contact:****Shire of Wickepin 9888 1005** |

