**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** | | | |

