

Application Form 2024-25

Form Preview

Participation Support

General Information

Before completing this application, applicants are required to:

- Discuss your application with a centre staff member to ensure you suitably meet the criteria.
- Be referred by a support agency.
- Hold a current low income concession card (unless a child - then eligible for concession through family member)
- Reside in Merri-bek
- Commit to attend the facility / program regularly and demonstrate a genuine willingness to improve in health and lifestyle.

Be able to attach copies of supporting documentation including

- Evidence of Merri-bek Residency (photo ID, utility bill or licence with current address)
- Demonstrate financial hardship (a valid Health Care Card i.e. receiving a payment or supplement from Services Australia, or Permanent Protection Visa)
- Copy of referral letter from Wellbeing Support agency.* Any further support after an initial 3-month support package will be determined in consultation with the participant, centre staff and referring health professional. The participant must demonstrate attendance at the centre / program regularly and improvement in health and lifestyle must be evident.

Help whilst completing the form Whilst completing your application, you can save and close and return to your application at anytime **prior** to submission.

If you have questions about or need assistance to complete the application, please contact the Active Merri-bek Community Programs Director on 9354 3504 or [e-mail](#)

Community Grant category

Participation support - Active Merri-bek
This question is read only.

Applicant Details

* indicates a required field

Personal Details

Name of Participant

First Name

Last Name

Are you a permanent resident of Merri-bek? *

Yes

No

Is the participant over 18 years of age? *

Yes

No

If no, parent/guardian must complete this form.

Participants Date of Birth *

Must be a date

Home Address *

Address

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Suburb State Postcode

Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Must be a resident of Merri-bek

Applicant contact phone number *

Applicant contact e-mail

Must be an email address

Photo proof of ID *

Attach a file:

for example, a Proof of Age card or Australia Post Keypass identity card) Australian driver licence or learner permit

Attach a document to provide proof of residency *

Attach a file:

for example: photo ID, utility bill or licence clearing showing current address

Please provide us with evidence you are the parent / guardian of minor whom is the participant named above.

Name of Parent / guardian *

First Name

Last Name

Name of participant - who is under the age of 18 *

Yes

No

If no, provide other evidence you are the parent / guardian able to apply on behalf of person under age of 18

Attach a file:

Details

* indicates a required field

Application Details

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Please provide details of your proposed support.

Which Active Moreland Centre do you prefer to attend?

- Brunswick Baths
- Coburg Leisure Centre
- Fawkner Leisure Centre
- Oak Park Sports and Aquatic Centre
- Other:

Preferred Centre

Which best describes your need or situation? *

- Low income earner
- Refugee
- Newly Arrived
- Person with a disability
- Indigenous and/or Torres Strait Islander
- Other:

How often do you intend to visit a leisure centre? *

- Seldom
- Once a week
- Twice a week
- More than 3 times a week
- Daily

What are our intended activities when you visit the centre? *

- Aquatics - Casual Swimming - Laps
- Group Fitness Classes
- Gym Workout

Must be at least 1 choice selected

Preferred start date of membership *

Allow for at least 14 days from today

Future goals and financial constraints

To be considered for a Participation Support Membership Grant you must provide evidence you are a current low income earner with financial constraints as per Services Australia; the particular types of Health Care Card accepted are: • Low Income Health Care Card, • Health Care Card or • Pensioner Conncesison Card.in particular you receive a payment or supplement from Services Australia and have the card listed above [check your eligible card type here](#), or you have proof of a current Permanent Protection Visa.

How do you believe a membership will benefit you? *

Identify your financial constraints. Why are you seeking assistance to pay for a membership. *

Please upload evidence low income.

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Types of card evidence accepted: Low Income Low income Health Care Card or Pension or have proof of current Permanent Protection Visa.

The cards that can be accepted to demonstrate you receive a payment or supplement from [Services Australia](#) are: ~ The Concession Card or Health Care Card must be watermarked with PCC or HCC and indicate the payment type as LI, JS, JSP, DSP, CAR or AGE. ~ Cards watermarked with CSHC type SHC are not accepted as they do not demonstrate low income.

Current evidence of financial hardship / low income *

Attach a file:

Types of evidence accepted outlined above.

Are you able to Contribute towards the cost of the membership *

Yes No

Contributions towards membership is preferred.

If yes, indicate the amount you are able to contribute

\$

Must be a dollar amount

Agency Referral

* indicates a required field

Referral

Referring Agency *

Contact person at Agency *

First Name

Last Name

Email of Contact at agency *

Must be an email address

Phone Number of contact at agency *

Must be an Australian phone number

Current Referral Letter *

Attach a file:

Referral letter from a recognised support agency outlining how the applicant is experiencing disadvantage.

Support after an initial 3-month support package

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Any further support provided after an initial 3-month support package i.e. access a special 3-month concession membership will be determined in consultation with the participant, centre staff and referring health professional agency. The participant must have attended have attended the centre / program regularly and improvement in health and lifestyle must be evident.

Please ensure the letter of support submitted above is currently dated and provide adequate evidence as per stated above.

Declaration and Privacy Statement

* indicates a required field

I state that the information provided in this application is true and correct. I also declare that this form has been submitted with the full support of the applicant and/or participant.

I understand that making any false statements can lead to Council rejecting the application and pursuing other penalties available under law. I understand that this is an application only and may not necessarily result in funding approval.

I agree that any further request for support after an initial 3 month support package including access to a special concession rate membership will be determined in consultation with centre staff, Council and referring health professional.

Authorised person to submit this application *

First Name

Last Name

Relationship to applicant

Parent, Guardian, authorised agent or, if completed by applicant, leave this field blank.

Privacy Statement Council is committed to protecting the privacy of personal information it holds. Any personal information collected is used for the purpose of administering Councils grants programs, including an assessment of whether the applicant is eligible for funding, subsequent evaluation of a funded activity, and the auditing of grant funds (which may be undertaken by or on behalf of Council or any government inspection agency). It may also be used and disclosed as required or permitted by law. You may access your personal information by contacting Councils privacy officer.

Before submitting your application Please review your application carefully before submitting it. Once an application is submitted it cannot be changed.

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Applications are not submitted until you click the submit button on the final page of the application. If you do not receive a confirmation email, your application has **not** been received. Please check that all the required questions have been answered before attempting to submit again.

What happens next? Assessment and subsequent approval of this application may take approximately 4 weeks. You may be contacted to provide further information as part of the assessment process. The application is requesting Council funding to support a Active Merri-bek Concession Support Membership and therefore this process may take a little time to administer.

Once your application is submitted, you can login into <http://merri-bek.smartygrants.com.au/> at any time to view it under "My Submissions" a PDF version will be emailed to you with the confirmation email.