

# Referring Agency

## Nomination Form

### (Part 1)



Please complete the information below to help us evaluate your request. Attach this information to Part 2 for submission to Ballarat YMCA, contact details below.

**All information will remain confidential.**

Contact Information		
Referring Agency Name:	<input type="text"/>	
Contact:	<input type="text"/>	
Agency Address:	<input type="text"/>	
Suburb/Town:	<input type="text"/>	
Post code:	<input type="text"/>	
Phone:	<input type="text"/>	
Email:	<input type="text"/>	
Applicant Name:	<input type="text"/>	
Phone:	<input type="text"/>	
Email:	<input type="text"/>	
Spoken Languages:	<input type="text"/>	
Which of the following Open Doors target populations is applicable to the applicant?		
<input type="checkbox"/> Low socio-economic status	<input type="checkbox"/> Aboriginal or Torres Strait Islander	<input type="checkbox"/> Other
<input type="checkbox"/> Person with a disability	<input type="checkbox"/> Newly arrived refugees or migrant/CALD	
How is the applicant experiencing disadvantage due to their personal circumstances?		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
How could this disadvantage be improve by participation in YMCA programs and services?		
<input type="text"/>		
<input type="text"/>		
<input type="text"/>		
Do you think the participant would benefit from individual or group activities?		
<input type="text"/>		
<input type="text"/>		
Does your agency have the funds to contribute to the applicants costs? If yes, what %?		
<input type="text"/>		
Endorsement of the application by an official reference (to verify the applicant is unable to fund part or all of the required fees to participate).		
Name of Agency Representative	<input type="text"/>	
Signed	<input type="text"/>	
Date	<input type="text"/>	

#### Ballarat YMCA

Address: Barkly Square, 25-39 Barkly Street Ballarat VIC 3350 Post: PO Box 321, Ballarat VIC 3353  
Ph: 03 4311 1500 Email: [ballarat@ymca.org.au](mailto:ballarat@ymca.org.au) Website: [www.ballarat.ymca.org.au](http://www.ballarat.ymca.org.au)

# Participant Application Form (Part 2)



Please complete the information below to help us evaluate your request. Attach this information to Part 1 for submission to Ballarat YMCA, contact details below.

**All information will remain confidential.**

## Contact Information

Name:  D.O.B:

Parent/Guardian Name (if 16 or under):

Address:

Suburb/Town:  Post code:

Home Phone:  Work Phone:

Mobile:  Email:

Do you have a health care card?  Yes  No (if yes please attach a copy)

Please list the activity you're requesting assistance for?

Have you participated in YMCA activities before? If so, what ones?

How do you believe participating in this YMCA program will benefit you and/or your family?

Are you able to contribute to the cost of your request?  Yes  No

If yes, how much?

## Open Doors Participants Rights & Responsibilities

If you require a carer they will be allowed access at no charge when accompanying you. Please inform the YMCA if this applies to you.

The YMCA has an expectation that that you will commit to making the most out of your Open Doors access by attending when scheduled.

Please ensure that you behave appropriately when attending YMCA activities, and respect fellow participants, staff and volunteers.

The YMCA understands that unexpected, temporary situations of hardships can affect your ability to attend activities. If this occurs please contact the YMCA to discuss the situation. Unexplained non-attendance may result in the cessation of your access.

Please notify the YMCA of any changes in contact details or address in a timely manner.

Your participation in YMCA activities should be a positive and enjoyable experience. If this is not the case, or if you have some feedback for us, please contact us on the details below.

Participant or Parent/Guardian Signature

Date:

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