



**Submit this
application at your
local government
office.**

KidSport Regional Pools Program

The KidSport Regional Pools Program (KRPP) is being run by the Department of Creative Industries, Tourism and Sport (CITS) to enable eligible Western Australian children aged 5 to 18 years to strengthen their swimming skills by offering a free pool pass to access selected community pools in targeted regional areas.

To support ongoing participation in community sport, eligible children may access this subsidy in addition to the existing KidSport voucher program. Applications for KidSport must be made separately via the online portal.

Passes are only valid for the eligible child and are not transferable.

Eligibility criteria

To be eligible for the KRPP the child must be:

- attending an approved regional community pool for the allocated season
- aged 5 to 18 years inclusive at the time of application
- residing in regional Western Australia
- named on a valid Services Australia Health Care Card or Pensioner Concession Card, with the child's unique Customer Reference Number (CRN) visible.

Application process

- 1 Check your child is eligible.
- 2 Complete this form and attach a copy of your concession card.
- 3 Submit the form to your participating local government office. Once assessed and approved, you will receive a pool pass directly from your local government.

Find out more information online at cits.wa.gov.au/regional-pools

Please complete the following information to apply for the KidSport KRPP.

First name: |_|_|_|_|_|_|_|_|_|_| Surname: |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Male ☐ Female ☐ Non-binary ☐ Date of birth: ____ / ____ / ____

What local government do they live in? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Does your family speak a language other than English at home? Yes ☐ No ☐

Are they Aboriginal/Torres Strait Islander? Yes ☐ No ☐ Do they have disability? Yes ☐ No ☐

Does the child or parent identify as an asylum seeker, refugee, or other humanitarian entrant? Yes ☐ No ☐

Is this child in out-of-home care? Yes ☐ No ☐

If yes, please check which type of care:
Foster care ☐ Boarding school ☐ Informal care ☐ Formal state care — Care of the CEO ☐

How did they hear about the KRPP? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

Have you applied for KidSport in the past year? Yes ☐ No ☐

Which pool are you applying for a season pass? |_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_|

What type of pool pass are you applying for (e.g. 10 visit, 1 month, 3 month)? |_|_|_|_|_|_|_|_|_|_|

How many times are you likely to attend in a season? |_|_|_|

Did you apply for a regional pool pass for your pool last year? Yes ☐ No ☐

[illegible]

By signing below, you are acknowledging that:

- You have read and understood the information provided on this document and that the child is eligible to apply.
- You have provided a copy of a valid concession card when submitting this application form to the nominated local government.
- CITS or the local government may contact you by phone or email regarding your application and may request feedback on the program for evaluation.
- Parents/guardians acknowledge that the particulars of their child's application will be verified by the local government, under agreement with CITS, as part of the eligibility assessment, and that their application may be declined during the verification process if the child is found not to meet the eligibility criteria.
- Parents/guardians acknowledge that, to the maximum extent permitted by law, the WA Government will not be held responsible or liable for any loss or damage to person or property, or any indirect or consequential loss, arising from a child's participation in a sport or recreation activity at the nominated swimming pool.
- You agree to abide by the rules of the nominated swimming pool and have read and understood the pool/s code of conduct, member protection policy and child safe standards, as well as any other safety procedures or policies relevant to ensuring child safety and wellbeing, to the extent that they exist.

Signature: _____ Date: ____/____/____

FOR OFFICE USE ONLY (local government to complete)

Health Care Card/Pensioner Concession Card number : | | | | | | | | | |

attached ☐ By signing below, I confirm that I have reviewed the child's application and attached concession card and this child meets the eligibility criteria.

LGA assessor name:

Signed: _____ Date: ____/____/____