

# Supported Access Program Referral Application

Please complete this form and forward to [casey.sap@alignedleisure.com.au](mailto:casey.sap@alignedleisure.com.au) together with the completed *Supported Access Program Client Application*.

**Agent Name:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

**Agent Email:** \_\_\_\_\_

**Agency Phone Number:** \_\_\_\_\_

**Applicant Name:** \_\_\_\_\_

**Applicant Address:** \_\_\_\_\_

**Applicant Email:** \_\_\_\_\_

**Applicant Phone Number:** \_\_\_\_\_

**How is the applicant experiencing disadvantage due to their personal circumstances?**

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**CASEY LEISURE**

[caseyleisure.com.au](http://caseyleisure.com.au)  
[casey@alignedleisure.com.au](mailto:casey@alignedleisure.com.au)

ABN 38 602 127 519

**Casey ARC**  
10 Patrick  
Northeast Dr,  
Narre Warren  
Vic 3805  
(03) 9705 5000

**Casey RACE**  
65 Berwick-  
Cranbourne Rd,  
Cranbourne East  
Vic 3977  
(03) 5990 8600

**Casey Stadium**  
Terry Vickerman  
Centre  
65 Berwick-  
Cranbourne Rd,  
Cranbourne East  
Vic 3977  
(03) 5996 6052

**Doveton Pool**  
64 Tristania St,  
Doveton  
Vic 3177  
(03) 9791 8346

**Endeavour Hills**  
10 Raymond  
McMahon Blvd,  
Endeavour Hills  
Vic 3802  
(03) 9213 1400

**Olive Road**  
2 Frawley Rd,  
Eumemmerring,  
Vic 3177  
(03) 9792 0735

**The Shed**  
65 Berwick-  
Cranbourne Rd,  
Cranbourne East  
Vic 3977  
(03) 5996 8898

**How will this be helped/improved with access to the program?**

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**Endorsement by Agency:** I certify that the individual listed in this application suffers health inequalities, is under considerable financial stress and hardship and the service or program listed will benefit this person in providing some direct relief in this circumstance.

**Agent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Agent Printed Name:** \_\_\_\_\_

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# Supported Access Program Client Application

Please complete this form and forward to [casey.sap@alignedleisure.com.au](mailto:casey.sap@alignedleisure.com.au) together with the *Supported Access Program Referral Application*.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent/Guardian Name if 16 or under: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Which activity do you think would benefit you most?

Pool Access  Swim Lessons  Gym Acces Gymnastics

How will having access to our programs through the Supported Access Program benefit you and/or your family?

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## Why do you feel you should be considered for the Supported Access Program?

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If you require a carer, they will have access at no charge when accompanying you upon presentation of a Companion Card. It is expected you meet the conditions of this program listed below. Aligned Leisure understands circumstances may at times affect your ability to do so, if this occurs, please contact the centre to discuss. If you are unable to meet these conditions this may result in ceasing of your supported access.

### Program Conditions:

- Participant must live within the City of Casey and be referred by a recognised referral agency who must be present at initial consultation for each client.
- Supported Access Program Referral Form and Client Application Form must be submitted by a recognized agency.
- Participants on the Supported Access Program are required to contribute a percentage of 20% to the relevant term program or membership fee via direct debit.
- Swim School / Gymnastics – DD members require a minimum of 80% attendance to their swimming or gymnastics lessons
- Gym / Pool Access – DD members require an average of 1 visit per week
- Swim School, Gymnastics, Gym / Pool Access - assessed bi-monthly
- By becoming a member through our Supported Access Program, you agree to abide by the Casey Leisure Facilities membership terms and conditions. These are view at [www.caseyleisure.com.au/terms-and-conditions](http://www.caseyleisure.com.au/terms-and-conditions)

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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