

# Subsidised Place Application



Please note that all applications are subject to availability and approval by Warehouse Circus.

## Participant Details:

Name: \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ (M) \_\_\_\_\_ (BH) \_\_\_\_\_ (AH)

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

## Referral Agency Details (if applicable):

Referral Agency Contact: \_\_\_\_\_

Referral Agency Phone: \_\_\_\_\_ (W) \_\_\_\_\_ (M)

Referral Agency Email: \_\_\_\_\_

Who would you like to be the primary contact for this application (please tick):

Referral Agency

Parent/Guardian

## Enrolment Details:

1. In which program (including time and location) do you wish to enrol?

\_\_\_\_\_

2. How did you hear about Warehouse Circus?

\_\_\_\_\_

3. Have you done any Warehouse Circus classes before?

\_\_\_\_\_

4. Is there any other information about the participant (e.g. medical conditions) that we should be aware of or that may affect their ability to participate fully in classes (if your child requires one-on-one support, you may be able to apply for an 'assisted place')?

\_\_\_\_\_

\_\_\_\_\_

**Subsidy Request Details:**

Please briefly outline the reason for your subsidy request:

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Please indicate how much you think you would be able to afford per term for this program (we can reassess this over time if your circumstances change):

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*I declare this information to be true and correct at the time of completion and for the foreseeable future. If any of this information changes, I will notify the Circus Manager, within seven days of the change.*

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

**Please note:**

Subsidised places are limited and may not always be granted depending on demand at the time. Enrolments are assumed to roll over at the end of each term unless we are otherwise advised and subsidised places are reviewed at the end of each term. Once we receive the above information the subsidised place request will be reviewed by Warehouse Circus and relevant program details and enrolment forms will be forwarded to the client or referral agency.

Office Use Only

Sponsored by



Subsidy Approved: Y / N                      Type: Full / Partial

If Partial, please specify:

Amount to be subsidised by Warehouse Circus: \$ \_\_\_\_\_

Amount to be paid by participant: \$ \_\_\_\_\_

Amount to be subsidised by agency: \$ \_\_\_\_\_

Confirmation email sent: .... / .... / ....                      Sent by: .....

Tax Invoice sent (if applicable): .... / .... / ....                      Sent by: .....

Please complete both pages of this form and post to:                      Warehouse Circus Inc.,  
P.O. Box 3638  
Weston Creek, ACT, 2611

Or Email to:                      [programs@warehousecircus.org.au](mailto:programs@warehousecircus.org.au)

For further information please call:                      (02) 6260 3626

or visit:                      [www.warehousecircus.org.au](http://www.warehousecircus.org.au)