

All Access & Inclusion Application - Membership

Our All Access & Inclusion initiative has been developed to help our local community access services and programming as per our Community Engagement Plan of which support our key area demographics of chronic illness, financial hardship, domestic violence, youth wellbeing and supporting positive ageing. Submit your application by completing the form below with all referral documentation and email pelicanpark@belgravialeisure.com.au We understand this can be a sensitive subject and all information will be handled with care, including details being kept confidential between Belgravia Leisure and your referring agency. All applicants will be reviewed on a quarterly basis. **excludes reformer pilates & wellness memberships.*

PERSONAL DETAILS

Full Name	<input type="text"/>
Address:	<input type="text"/>
Email Address:	<input type="text"/>
Mobile Number:	<input type="text"/>
Site	<input type="text"/>
Membership Type	<input type="text"/>
Duration 3m/12m/DD ongoing <small>(DD direct debit, conditions apply)</small>	<input type="text"/>

AA & Inclusion Request

<input type="radio"/> Chronic Illness	<input type="radio"/> Specialised Service – Exercise Physiologist (EP)
<input type="radio"/> Disability	<input type="radio"/> Rehabilitation/Injury
	<input type="radio"/> Other (Please Specify) _____

REFERRAL INFORMATION

Referral Org./Health Prof.	<input type="text"/>
Referrer Name & Position.	<input type="text"/>
Referrer Contact Details.	<input type="text"/>

*Please attach referral support letter to assist with the review of your application & medical history applicable

ADMINISTRATION ONLY

Received Date: _____ Manager: _____

Status: Approved Declined Pending

Contacted: _____

Administered: _____

Members contacted _____

Application / Supporting Documents Attached to AW Profile Y N