

YMCA Victoria is a charity dedicated to providing opportunities for people to be healthier, happier and connected to their community. We focus on positive change and believe that everybody has a right to equal access to physical, mental and social wellbeing.

While hundreds of thousands of people access YMCA programs or services on a weekly basis, we are concerned about vast number who cannot due to their social and economic situations. In order to help more Victorians in need be healthier and happier, YMCA Victoria subsidises the cost of our programs and services.

YMCA requires that an independent third party verifies that the persons applying are experiencing financial disadvantage. They must also demonstrate how participation at a YMCA will make a difference in their client's lives. Community services, or agencies who act in a professional capacity to support those in this cohort, are considered Referral Agencies by the YMCA.

## How it works

The role of the Referral Agency is to nominate, from your client base, individuals or families who have expressed an interest in the opportunity to participate in recreational activities such as those provided at the YMCA. The wide range of YMCA managed facilities and the programs available can be found by visiting [www.victoria.ymca.org.au](http://www.victoria.ymca.org.au)

The following guidelines will assist with the nomination process. Please note the nomination and application forms following will be used by the YMCA to determine the financial need of the applicant and their suitability to access the identified program or service.

YMCA Victoria is committed to having a positive and ongoing impact on all participants. The initial period of access will vary, for specific details contact the YMCA Open Doors coordinator at the facility identified as closest to your client.

The outcome of applications will be notified via the Referral Agency.

Participants will be invited to the facility to meet with their YMCA contact person and arrange an orientation and induction to their selected program or service. Some YMCA managed facilities will require the referring agency to also attend this appointment.

YMCA Victoria will monitor throughout the program to ensure the participant is attending and that their needs are being met. In the instance of a participant not attending regularly the YMCA contact person will follow up with the referral agency and the participant. Access may be suspended or cancelled where communication is not received in regard to non-attendance.

At the completion of each access period an evaluation will be completed including the appropriateness of the program for the participant and any benefits/challenges encountered. This will be done in consultation with the referral agency.

The participant may be asked to participate in a survey conducted by the YMCA to capture the outcomes of their experience. This is completely optional and is not connected to their opportunity to extend their access period.

## Who do you nominate?

When nominating your clients we ask that you nominate people and/or families who are:

- Experiencing disadvantage and whose financial circumstances make them unable to pay the full fee for YMCA programs and services
  - Able to demonstrate how their circumstances will be improved through involvement at a YMCA managed facility
  - Living, or attending a service or school within the same area (approximately 5 Km), to the YMCA managed service/program (with the exception of camps). Children under the age of 10 years must be accompanied by an adult when attending a YMCA managed centre/program (with the exception of camps).
  - Interested in participating in YMCA programs and services
- \* Check with your closest YMCA for any additional local requirements

## How to nominate?

- Visit [www.victoria.ymca.org.au](http://www.victoria.ymca.org.au) to determine if there is a YMCA managed facility in close proximity to your client's accommodation. Visit the website of the closest facility to consider program options available.
- Discuss with applicant the preferred program/service from those available at the closest YMCA managed facility.
- Complete in detail the Referral Agency Nomination Form. Forms will be held in strict confidence between the YMCA and the referral agency.
- Referral agency to assist the applicant or applicant's parent/guardian to complete the Participant Application Form in detail.
- Referral Agency to submit both completed forms to the contact details on the relevant YMCA managed facility application forms
- The YMCA managed facility to which you submit the nomination will acknowledge receipt of the nomination and provide review timelines within a week via email.
- Applications are reviewed and the outcome communicated to the Referral Agency. Please allow up to two weeks from receipt email from YMCA for a response.

# REFERRAL AGENCY NOMINATION FORM



BOROONDARA SPORTS COMPLEX  
271c Belmore Road  
Balwyn North VIC 3104  
PH: 03 9851 0444  
FAX: 03 9851 0455  
E: bsc@ymca.org.au  
www.bsc.ymca.org.au

**Please complete this form in detail to help us evaluate your nomination.**

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Agency name:  Contact:

Agency address:

Ph:  Fax:  Email:

Applicant name:  Phone:

Spoken language/s:  Is an interpreter required?

Which of the following YMCA Open Doors target populations is applicable to the applicant?  
(Please tick as many boxes as appropriate)

Low socio economic  Indigenous Australian  
 Person with a disability  Newly arrived/culturally and linguistically diverse

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

  
  
  

How could this disadvantage be improved by participation in YMCA programs and services?

  
  

Do you feel your applicant would benefit most from individual or group activities?

Is the applicant in a position to make a financial contribution to the program?

Yes:  if yes, to the value of \$  per week. No:

Does your agency have funds available to contribute to this applicant's membership/term program?

Yes:  if yes, to the value of \$  per week. No:

## Endorsement of the application by official reference:

I certify that the individual listed in this application is in necessitous circumstances and that the YMCA service or program listed is for the direct relief of the person in this circumstance (Income Tax Assessment Act 1997, Australian Taxation Office).

**Name (agency representative):**

**Signed:**

**Date:**



# PARTICIPANT APPLICATION FORM



BOROONDARA SPORTS COMPLEX  
271c Belmore Road  
Balwyn North VIC 3104  
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E: bsc@ymca.org.au  
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Please complete this form in detail to help us evaluate your application.

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Date:  Name:  DOB:

Parent/Guardian Details (if 16 or under):

Address:

Suburb/Town:  Postcode:

Home Ph:  Work Ph:  Mobile:

Please list the activity that you think would be of most benefit:

Preference 1.  Preference 2.

Are you currently a member/user of the YMCA? Yes  No

Have you been a member/user of the YMCA in the past? Yes  No

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

  

Are there any special considerations you would like us to take into account when evaluating your request?

  
  

If your application is successful, may we use your personal story anonymously to promote YMCA Open Doors?

Yes  No

## Open Doors Participant Rights & Responsibilities

- If you require a carer they will be allowed access at no charge when accompanying you. Please inform the YMCA prior to your initial visit to the Centre.
- The YMCA has an expectation that you will commit to making the most of your access by attending as often as possible. Attendance rates are considered highly when applying to extend your access.
- The YMCA understands that circumstances may at times affect your ability to attend the Centre. If this occurs, please contact the YMCA to discuss. Unexplained non-attendance may result in the cessation of your access.
- In some cases, Open Doors participants may be asked to pay a portion of the fees (no more than 20%). A payment plan for this will be organised prior to program commencement.
- Please notify the YMCA immediately of any changes to your address or telephone number.
- Your participation in this program should be positive and enjoyable. If this is not the case, or you have any other feedback, please speak to the Program Coordinator.
- At the end of the term of funded access an evaluation must be completed

Participant or Parent/Guardian Signature

Date

