

1. DELIVERY PARTNER DETAILS

Name					
Type	<input type="checkbox"/> Special Olympics Club <input type="checkbox"/> Local Sports Club <input type="checkbox"/> Sporting Organisation <input type="checkbox"/> Private Provider <input type="checkbox"/> Tertiary Institution <input type="checkbox"/> Other (please specify)				
Postal address					
Suburb		State		Postcode	
Phone		Email			
ABN		Are you GST registered?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

2. PRIMARY CONTACT DETAILS

Name of Contact Person				
Position				
Phone		Email		

3. INSURANCE

All coaches delivering on behalf of your organisation in the *Inclusive Sport in Schools* Program must be covered by current Public Liability and Professional Indemnity insurance.

Are your coaches covered by Public Liability Insurance for the delivery of the Inclusive Sport in Schools Program?	<input type="checkbox"/> Yes - Amount \$ _____ <input type="checkbox"/> No
Are your coaches covered by Professional Indemnity Insurance for the delivery of the Inclusive Sport in Schools Program?	<input type="checkbox"/> Yes - Amount \$ _____ <input type="checkbox"/> No

4. DECLARATION

I declare: <ul style="list-style-type: none"> • All information provided in this application is true and correct. • I consent to the collection, use and disclosure of my personal information as described in Special Olympics Australia Privacy Policy. • I am authorised to sign on behalf of the Organisation. 	
Name _____	Position _____
Signature _____	Date _____